

L13000035566

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 13 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELIANA WALKER LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIANA WALKER
Name of Person

ELIANA WALKER LLC
Firm/Company

151 Key Haven Rd Key West FL 33040
1000 TROIAN AVE APT 3
Address

Key West Florida 33040
City/State and Zip Code

LOVESUNPH@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIANA WALKER at (305) 731-9416
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 SEP 12 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 4, 2013

ELIANA WALKER
131 KEY HAVEN RD
KEY WEST, FL 33040

SUBJECT: ELIANA WALKER, LLC
Ref. Number: L13000035588

We have received your document for ELIANA WALKER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 713A00020886

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELIANA WALKER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L13000035588

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LOVESUN PROPERTY ~~CARE~~ LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1104 THUMAN AVE APT 3

KEY WEST FL 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1104 THUMAN AVE APT 3

KEY WEST FL 33040

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

*MGRM = Managing Member - You 3 Michael
Both MGRM

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MICHAEL LUIS HERRERA	3831 DUCK AVE	<input checked="" type="checkbox"/> Add
		KEY WEST FL 33040	<input type="checkbox"/> Remove
MGRM	ELIANA WALKER	1104 TAYMAN AVE APT 3	<input checked="" type="checkbox"/> Add
		KEY WEST FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

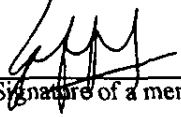
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN Assigned: 46-2177881

Legal Name: ELIANA WALKER LLC

Dated ~~November~~ SEPTEMBER 11, 2013.


Signature of a member or authorized representative of a member

ELIANA WALKER
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 SEP 12 PM 4: 08
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