

L130000069683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

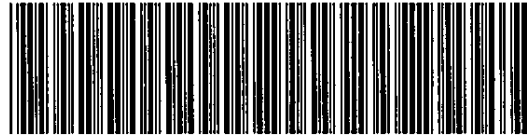
(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

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2013 JUL 12 AM 9:40
STATE OF FLORIDA
TALLAHASSEE, FL 32309

J. SAULSBERRY
EXAMINER
JUL 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lavin Sunshine Healthcare 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:

Carmel Hill
Name of Person

Firm/Company

820 Grandview Ave.
Address

Altamonte Springs Fl 32701
City/State and Zip Code

Carmel282009@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmel Hill at (407) 455 8040
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

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32301

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

Lovin Sunshine Healthcare LLC.

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

The Articles of Organization for this Limited Liability Company were filed on May, 13 2013 and assigned Florida document number 413000069683

This amendment is submitted to amend the following:

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

Lovin Sunshine Companion 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)

820 Grandview Ave
Altamonte Springs
FL 32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Carmel Hill

New Registered Office Address:

820 Grandview Ave.

Enter Florida street address

Altamonte Springs Florida 32701

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.

Carmel Hill

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carmel Hill	820 Grandview Ave	<input checked="" type="checkbox"/> Add
		Altamonte Springs	<input type="checkbox"/> Remove
		Fl. 32701	
(CH) MGR	(CH) Susan Stevens		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Carmel Stevens is my maiden
Name due to my marriage it
is now Carmel Hill

Dated

July 8, 2013.

Carmel Hill

Signature of a member or authorized representative of a member

Carmel Hill

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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