

L/3000/50858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FEB 26 2014

A. LUNT

Office Use Only



900256040689

02/03/14--01032--002 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 24 AM 6:38

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2014

CAROL RICE
266 VIA TUSCANY LOOP
LAKE MARY, FL 32746

SUBJECT: CAROL RICE, LLC
Ref. Number: L13000150858

We have received your document for CAROL RICE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is G71895 SUNSHINE REALTY CORP..

Please return 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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 814A00002767

Date: 2/21/14

Attn: Agnes Lunt

Re: Carol Rice LLC, Doc #: L13000150858, AMENDMENT

Ms. Agnes Lunt:

I'm resending the enclosed AMENDMENT for a NAME CHANGE.

Please refer to page 1 of 3 of the enclosed document.

I'm also removing a Manager. Please refer to page 2 of 3.

If you have any questions, please call me at 407.620.2564.

FILED
2014 FEB 24 AM 6:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Best regards,

Carol Rice

Carol Rice

2/21/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Carol Rice, 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:

Carol Rice

Name of Person

Carol Rice LLC

Firm/Company

266 Via Tuscany Loop

Address

Lake Mary, FL 32746

City/State and Zip Code

rice.acctg@gmail.com

E-mail address: (to be used for future annual report notification)

2014 FEB 24 AM 6:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Carol Rice

Name of Person

at **407 620-2564**

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

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

Carol Rice, 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 October 20, 2013 and assigned
Florida document number L13000150858

This amendment is submitted to amend the following:

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

~~Sunshine Realty LLC~~ SUNSHINE REALTY OF FLORIDA 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:

266 Via Tuscany Loop

(Principal office address MUST BE A STREET ADDRESS)

Lake Mary, FL 32746

Enter new mailing address, if applicable:

Same

(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:

- No Change -

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bill Rice	266 Via Tuscan Loop	<input type="checkbox"/> Add
		Lake Mary FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2014 FEB 24 AM 6:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1/30/14

Carol Rice

Signature of a member or authorized representative of a member

CAROL RICE

Typed or printed name of signee

2014 FEB 24 AM 6:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED