

U40000166080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

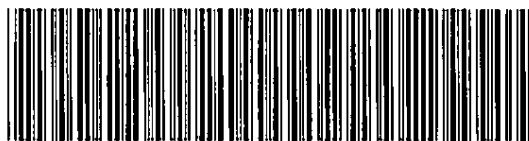
(Document Number)

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09/13/18--01008--001 **STG.25

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2018 OCT -1 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FL

OCT 2 2018
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2018

SUNSHINE NURSERY LLC
18004 PHLOX DR
FORT MYERS, FL 33967

SUBJECT: SUNSHINE NURSERY LLC
Ref. Number: L14000066080

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We have received your document for SUNSHINE NURSERY LLC and your check(s) totaling \$576.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The name of the LLC must match what is on our records.

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 018A00019134

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE NURSERY, 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:

JUAN CARLOS AMAYA

Name of Person

SUNSHINE NURSERY AND PROPERTY MANAGEMENT, LLC

Firm/Company

18004 PHLOX DR

Address

FORT MYERS, FL 33967

City/State and Zip Code

IDALIA.1981@HOTMAIL.COM

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

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2018 SEP 10 PM 3:45

For further information concerning this matter, please call:

JUAN CARLOS AMAYA

239

273-6637

Name of Person

at ()

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**

SUNSHINE NURSERY, LLC

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

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TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/23/2014

Florida document number L 14000066080

This amendment is submitted to amend the following:

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

SUNSHINE NURSERY AND PROPERTY MANAGEMENT, LLC

The new name must be distinguishable and contain 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)

JUAN CARLOS AMAYA

18004 PHLOX DR

FORT MYERS, FL 33967

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O BOX

BONITA SPRINGS, FL 34136

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

FORT MYERS

Florida 33967

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DUE TO RETURNED CHECK

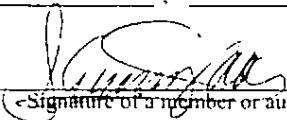
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 6TH 2018



Signature of a member or authorized representative of a member

JUAN CARLOS AMAYA

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL

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