

L1400006772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

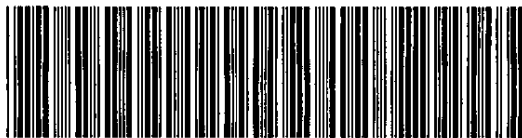
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2014 MAY -5 PM 12:18  
TALLAHASSEE, FLORIDA

MAY 12 2014  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2014

SUSAN PAK  
1155 E. ATLANTIC AVE. STE. 103  
DELRAY BEACH, FL 33483

SUBJECT: SUNSHINE DEPOT, LLC  
Ref. Number: L14000067772

We have received your document for SUNSHINE DEPOT, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 214A00009763

2014 MAY -5 PM 12:18  
DELRAY BEACH  
FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNSHINE DEPOT, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN PAK

Name of Person

SUNSHINE DEPOT, LLC

Firm/Company

1155 E. ATLANTIC AVE. STE. 103

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

susanpak87@gmail.com

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

For further information concerning this matter, please call:

Se H. Pak

Name of Person

at ( 954 ) 647-4801

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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2014 MAY -5 PM 12:18  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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

**SUNSHINE DEPOT, 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 4/23/2014 and assigned  
Florida document number L14000067772.

This amendment is submitted to amend the following:

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

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)**

**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:**

**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>
AMBR	SUSAN PAK		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	YONG C. PAK		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 CLERK OF DISTRICT COURT  
 DISTRICT OF FLORIDA

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

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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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Se H. Pak

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 MAY -5 PM12:18  
CLERK OF STATE  
TALLAHASSEE FLORIDA

04/25/2014 16:06 9548400887

SE PAK

PAGE 01/01

Tracking # = 100257908051

Per Number 851

Attn: Karen Saly

From: Ji Young KIM  
President  
SUNSHINE DEPOT, INC.

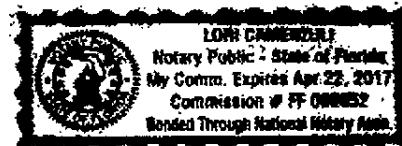
To: Division of Corporation  
The Department of State

Date: April 23, 2014

To Whom It May Concern:

This is to verify that the entity named SUNSHINE DEPOT, INC. previously located at 1155 E. Atlantic Ave. Suite #103, Delray Beach, FL 33483 was dissolved completely and I have no intention of reinstating, therefore, releasing the name for use to any other entities.

Ji Young Kim



Kai Comy