

L14 0000 84176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

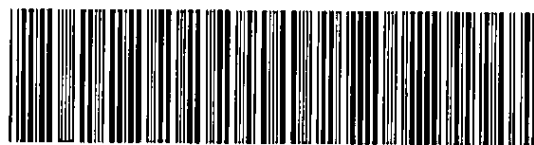
(Business Entity Name)

(Document Number)

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Amend/Name
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sunlight Naturals 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:

Alicia Hyatte

Name of Person

Whole Family Solutions LLC

Firm/Company

9113 Waywood Court

Address

Orlando, FL 32825

City/State and Zip Code

alicia@wholefamilysolutions.com

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

For further information concerning this matter, please call:

Alicia Hyatte

954 605-0392

at (_____) _____

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

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

Sunlight Naturals LLC

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

2019-05-17 PM 3:57

The Articles of Organization for this Limited Liability Company were filed on 05/27/2014 and assigned
Florida document number L14000084176.

This amendment is submitted to amend the following:

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

Whole Family Solutions 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:

4530 S. Orange Blossom Trail

(Principal office address MUST BE A STREET ADDRESS)

Suite 613

Orlando, FL 32839

Enter new mailing address, if applicable:

4530 S. Orange Blossom Trail

(Mailing address MAY BE A POST OFFICE BOX)

Suite 613

Orlando, FL 32839

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:

4530 S. Orange Blossom Trail, Suite 613

Enter Florida street address

Orlando

Florida 32839

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>
Mgr	Alicia Hyatte	4530 S. Orange Blossom Trail, Ste 613, Orlando, FL 32839	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mgr	Terrance Hyatte	4530 S. Orange Blossom Trail, Ste 613, Orlando, FL 32839	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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08/01/2019

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 August 1, 2019

Signature of a member or authorized representative of a member

Alicia S. Hyatte

Typed or printed name of signee