

**-L14000097678-**

\_\_\_\_\_  
(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:

*Amor*  
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TALLAHASSEE, FLORIDA

**L Burch AUG 07 2014**

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: Shady Sunshine 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:

Tyler Stover  
Name of Person  
Shady Sunshine LLC  
Firm/Company  
1712 SW 2nd Ave PH4  
Address  
Miami, FL, 33129  
City/State and Zip Code  
tylerjohn305@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Stover at (786) 348-5504  
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

Shady Sunshine LLC

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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	Tyler Stover	1712 SW 2nd Ave PH4	<input checked="" type="checkbox"/> Add
		Miami, FL	<input type="checkbox"/> Remove
		33129	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, 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 7/30/14 , \_\_\_\_\_.



Signature of a member or authorized representative of a member

Tyler Stover

Typed or printed name of signee

**FILED**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**