

L14000 106 SHS

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUNLIGHT HOME MORTGAGE, LLC

SUBJECT: _____
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:

Glenda Lantes

Name of Person

SUNLIGHT HOME MORTGAGE, LLC

Firm/Company

7223 N Manhattan Avenue

Address

Tampa, FL 33614

City/State and Zip Code

glenda.lantes@sonlifehm.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Glenda Lantes

813 513-2926

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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	Glenda Lantes	7223 N. Manhattan Ave., Tampa, FL 33614	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
	Ramon Lantes and Glenda Lantes, as trustees of the Ramon Lantes and Glenda Lantes Trust Agreement dated April 8, 2024		<input type="checkbox"/> Change
Mgr		7223 N. Manhattan Ave., Tampa, FL 33614	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

2014 APR 16 PM 3:54
SECRETARY OF STATE
ITALIAN EMBASSY, WASH DC


2024 APR 16 PM 3:54
SECRETARY OF STATE
ITALY AMEMBSE.FL

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(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)

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.

April 8, 2024



Signature of a member or authorized representative of a member

Gwendolyn L. Santos

Typed or printed name of signee

Filing Fee: \$25.00