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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 26 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNRISE & SUNSET SERVICES, 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:

MAURICIO HOSTIOS
Name of Person

SUNRISE & SUNSET SERVICES, LLC
Firm/Company

6335 NW 190 TERRACE
Address

MIAMI LAKES, FL 33015
City/State and Zip Code

MAOHOSTIOS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES THECKSTON at (954) 559-1793
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

SUNRISE & SUNSET SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>
MGR	Mauricio Hostios	6335 NW 190 Terrace	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33015	<input type="checkbox"/> Remove
AMBR	Ana A. Hostios	6335 NW 190 Terrace	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

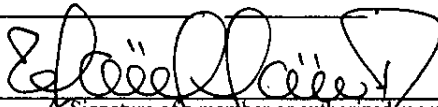
WE ARE ONLY ADDING OFFICERS/MNGRS
TO THE COMPANY. WE INITIALLY
PUT MAURICIO IN AS "PRES" BUT THE
ONLINE SYSTEM WE GUESS DID NOT
ACCEPT. THANK YOU!

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

11/11/14



Signature of a member or authorized representative of a member

Mauricio Hostios

Typed or printed name of signee

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Filing Fee: \$25.00

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