

L14000183840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

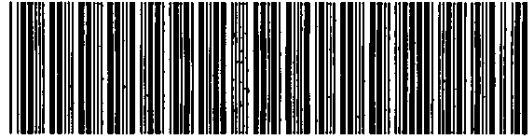
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

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05/06/16--01015--001 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 17 AM 7:32

MAY 21 2016

J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2016

CARA M. BURKY
1210 PALM CIRCLE
JACKSONVILLE BEACH, FL 32250

SUBJECT: SOULSHINE RENTALS LLC
Ref. Number: L14000183840

We have received your document for SOULSHINE RENTALS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 316A00009711

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Soulshine Rentals LLC

DOCUMENT NUMBER: L14000183840

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cara M Burky

Name of Contact Person

Soulshine Special Events

Firm/ Company

~~412 2nd St South~~

1210 Palm Cir.

Address

Jacksonville Beach, FL 32250

City/ State and Zip Code

hello@soulshinejax.com

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

For further information concerning this matter, please call:

Cara Burky

at (904)

434-7309

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Soulshine Rentals 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 12/1/2014 and assigned
Florida document number L14000183840

This amendment is submitted to amend the following:

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

Soulshine Special Events 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:

(Principal office address MUST BE A STREET ADDRESS)

412 2nd St. S
Jacksonville Bch, FL
32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1210 Palm Cir
Jacksonville Bch, FL
32250

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:

n/a

New Registered Office Address:

412 2nd St. S
Enter Florida street address
Jacksonville Bch, Florida 32250
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

16 MAY 17 AM 7:38
SOUTHERN PART OF FLA
TAL. AMBASSI. E. FLORIDA

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 May 16, 2016.


Signature of a member or authorized representative of a member

Cara Burk
Typed or printed name of signer

Typed or printed name of signee