# L19000106887

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**S MASON** 

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sunshine Elite Transportation 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:	
Vonne Bailey Name of Person	
Sunshine Elite Transportation Firm/Company	
645 5. 16 <sup>+1</sup> 5 <sup>†</sup> 7 Address	
Hoines City FL. 33844  / City/State and Zip Code  Sunshine Eliktrasportation@gnail.com  E-mail address: (to be used for future annual report notification)	
Sunshine Eliktraspectation 2 mail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (863) 307 - 0458  Area Code Daytime Telephone Number	<del></del>
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Cop (additional copy is enclosed)}\$\$	Status &

#### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNShine Elita Tyon (Name of the Limited Liability Company) (A Florida Limited Liability Company)	GNSportation  y as it now appears on our records.)  iability Company)
The Articles of Organization for this Limited Liability Company we Florida document number 15000106887.	were filed on $6/23/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  SUNSHING ELIFT TV ee  The new name must be distinguishable and contain the words "Limited Liability	Section LLC
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:  New Registered Office Address:	;
new Registered Office Aparess.	Enter Florida street address
<del></del>	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chang	ging Registered Agent, Signature of New Registered Agent
Page 1	ST 2

# 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>	Name	Address	Type of Action	
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)	
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(If an ei <b>Note:</b>	fective date, if other than the date of filing:  [fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days.]  If the date inserted in this block does not meet the applicable statutory filing requirements ment's effective date on the Department of State's records.	optional) safter filing.) Pursuant s, this date will not l	to 605.0207 (3)(t be listed as the
	cord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	01 a.m. on the	earlier of:
Dated	February II, 2016.  Zvonni Bouling  Signature of a member or authorized poresentative of a member		
	Ivonni Bailing	· · · · · · · · · · · · · · · · · · ·	
	Yvonne Bailey	2016 FEB	
	Typed or printed name of signee	B 16	Parish w
	Page 3 of 3	T P 70	O
	Filing Fee: \$25.00	2: 4 STATE LORIE	