

L15000175424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

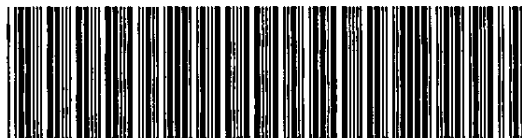
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000278662760

11/02/15--01039--005 **25.00

FILED
2015 NOV -2 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 03 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R & K Sunshine Kids 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:

Kiyona Wooten
Name of Person

R & K Sunshine Kids LLC
Firm/Company

3015 NW 203 Ln
Address

Miami Gardens FL 33056
City/State and Zip Code

rkSunshineKids@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raqueil Mayard at (754) 368 0208
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

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

B & K Sunshine Kids 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 October 15, 2015 and assigned Florida document number 115000175424

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2015 NOV -2 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
PRES	Maynard, Earnest	13835 NE 4 th Ave	<input type="checkbox"/> Add
		Miami, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	Wooten, Charles	3015 NW 203 Ln.	<input type="checkbox"/> Add
		Miami, FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Freeman, Stephanie	3014 NW 203 Ln.	<input type="checkbox"/> Add
		Miami, FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Kendrick, Michelle	20531 NW 205 th Street	<input type="checkbox"/> Add
		Miami, FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2015 NOV - 2
NOV 2: 4
FLL

[illegible]

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.

Dated October 28, 2015

Signature of a member or authorized representative of the applicant

Signature of a member or authorized representative of a member

Kiyona Wooten
Typed or printed

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2015 NOV -2 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA