

L160000 15946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

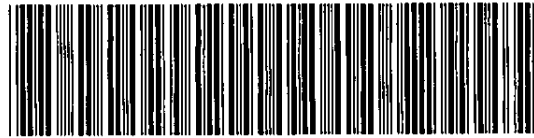
(Business Entity Name)

(Document Number)

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16 MAY -5 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 09 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUNSHINE NURSERY OF CENTRAL FLORIDA, 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:

JOY LAMONDA

Name of Person

WITHUM

Firm/Company

1417 E CONCORD STREET

Address

ORLANDO, FLORIDA 32714

City/State and Zip Code

jlamonda@withum.com

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

For further information concerning this matter, please call:

JOY LAMONDA

Name of Person

at ( 407 )

Area Code

849-1569

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 MAY -5 AM 11:38  
TALLAHASSEE, FLORIDA

April 26, 2016

JOY LAMONDA  
WITHUM  
1417 E CONCORD STREET  
ORLANDO, FL 32714

SUBJECT: SUNSHINE NURSERY OF CENTRAL FLORIDA, LLC  
Ref. Number: L16000015946

We have received your document for SUNSHINE NURSERY OF CENTRAL FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 616A00008551

3/2/16

Please find page 2 attached.

Thanks  
Joy

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

SUNSHINE NURSERY OF CENTRAL FLORIDA, 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 01-22-2016 and assigned Florida document number L16000015946.

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)

5656 West Ponkan Rd  
Apopka FL 32703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5656 West Ponkan Rd  
Apopka FL 32703

**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:

23139 OAK PRAIRIE CIRCLE

Enter Florida street address

SORRENTO

City

Florida

32776

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**

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16 MAY 14  
AM 10:14  
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SECRETARY OF STATE  
FLORIDA

**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
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some faint, small marks that appear to be staple holes or punch marks. The rest of the page is completely blank except for the lines.

**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.

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16 MAY -5 AM 10:14  
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TALLAHASSEE, FLORIDA