

L16000076132

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TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: SUNSHINE OF CLERMONT 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:

FRANK MORRISON

Name of Person

SUNSHINE OF CLERMONT LLC

Firm/Company

1213 US HIGHWAY 27

Address

CLERMONT, FL, 34714

City/State and Zip Code

KENNYKOLO904@GMAIL.COM

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

For further information concerning this matter, please call:

JITU PATEL

904
at ()

601-9344

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SUNSHINE OF CLERMONT, 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 04/18/2016 and assigned
Florida document number L16000076132.

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)

1770 US HWY A1A

SUITE # D

ST. AUGUSTINE, FLORIDA, 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1770 US HWY A1A

SUITE # D

ST. AUGUSTINE, FLORIDA, 32080

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:

JITU PRAHLAD PATEL

New Registered Office Address:

1770 US HWY A1A, SUITE # D

Enter Florida street address

ST. AUGUSTINE,

Florida

32080

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>
MGR	FRANK MORRISON	1213 US HWY 27 SOUTH	<input type="checkbox"/> Add
		CLERMONT, FL. 34714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JITU PATEL	1770 US HWY A1A	<input checked="" type="checkbox"/> Add
		SUITE # D	<input type="checkbox"/> Remove
		ST. AUGUSTINE, FL, 32080	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10 DEC 22 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/14/2016

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 12/14/2016, _____

JP Patel
Signature of a member or authorized representative of a member

JITU P. PATEL

Typed or printed name of signee