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17 OCT 23 PM 2:50  
DIVISION OF

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COMMONS  
OCT 24 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Love My Sunshine Boutique, LLC  
Name of Limited Liability Company

2017 OCT 23 PM 3:51

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARISOL Cruz  
Name of Person

Love My Sunshine Boutique  
Firm/Company

990 BISCAYNE BLVD, SUITE 501

Address

MIAMI, FL 33132

City/State and Zip Code

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

For further information concerning this matter, please call:

MARISOL Cruz at (305) 842-7089  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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>
AMBR	Susana Ampleo	12425 NW 7th St	<input type="checkbox"/> Add
		Miami, FL 33182	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Laura Hofmann	11710 NW 31st Place	<input type="checkbox"/> Add
		Surprise FL 33323	<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
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 OCT 2014 PM 3:58  
CIVILIAN

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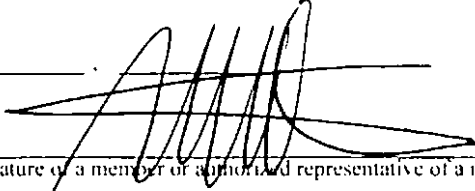
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

77-001-23 PM 2:58  
CLERK OF COURT

FILED

E. Effective date, if other than the date of filing: July 1, 2017 (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 10/20/2017  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Marisol Cruz  
\_\_\_\_\_  
Typed or printed name of signee