

L17000044528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

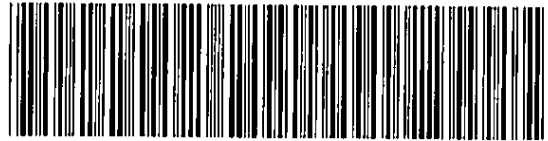
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900423095199

RECEIVED

2024 FEB 16 PM 2:52

CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

2024 FEB 16 AM 8:59

CLERK OF COURT
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/16/2024

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1231419

ORDER ENTITY

CHOICE VOICE ANSWERING SERVICE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CHOICE VOICE ANSWERING SERVICE, LLC (FL)

File the attached amendment and provide a certified copy and certificate of status.

NOTES:

\$60.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOICE VOICE ANSWERING SERVICE, 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:

ANDREW GROSS

Name of Person

Sunshine Communication Services Inc.

Firm/Company

159 MADEIRA AVENUE

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

Andy Gross <andyg@sunshine1.com>

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

For further information concerning this matter, please call:

ANDREW GROSS

Name of Person

305 442-1144
at ()
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

CHOICE VOICE ANSWERING SERVICE, LLC

2024 FEB 16 AM 8:59

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 24, 2017 and assigned
Florida document number L17000044528

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)

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

When adding 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	LISA K. KOVEN	159 MADEIRA AVENUE	<input type="checkbox"/> Add
		CORAL GABLES, FLORIDA 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREW GROSS	159 MADEIRA AVENUE	<input type="checkbox"/> Add
		CORAL GABLES, FLORIDA 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUNSHINE COMMUNICATION SERVICES, INC.	159 MADEIRA AVENUE	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FLORIDA 33134	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

ARTICLE V OF THE ARTICLES OF ORGANIZATION FOR CHOICE VOICE ANSWERING SERVICE LLC.

IS AMENDED TO READ:

" CHOICE VOICE ANSWERING SERVICE LLC. SHALL BE A SINGLE MEMBER MANAGED LIABILITY COMPANY. THE NAME AND ADDRESS OF THE PERSON AUTHORIZED TO MANAGE THE LLC,

CHOICE VOICE ANSWERING SERVICE LLC IS :

TITLE: MGR

SUNSHINE COMMUNICATION SERVICES, INC.

159 MADEIRA AVENUE

CORAL GABLES , FLORIDA 33134 US

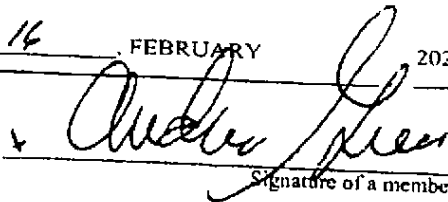
FILED
2024 FEB 16 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 16 FEBRUARY 2024



Signature of a member or authorized representative of a member

ANDREW GROSS, PRESIDENT OF SUNSHINE COMMUNICATION SERVICES, INC.

Typed or printed name of signer

Filing Fee: \$25.00