

L17000091462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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17 JUL 13 PM 3:56
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JUL 14 2017

D SCOTT
JUL 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2017

MEAGHAN T SIKORA
164 SW DAYLIGHT LOOP
LAKE CITY, FL 32024

SUBJECT: SIKORA SHINE LLC
Ref. Number: L17000091462

We have received your document for SIKORA SHINE 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):

The form you submitted is for a FOREIGN LLC, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 717A00012299

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TALLAHASSEE, FLORIDA
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2017 JUL 13 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sikora Shine LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meaghan T. Sikora
Name of Person

Sikora Shine LLC
Firm/Company

131 SW Shady Oak Way
Address

Lake City, FL 32024
City/State and Zip Code

sikorashine11c@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meaghan T. Sikora at 386 466-9660
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

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JUL 13 PM 3:55
17
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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

Sikora Shine 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 April 25 2017 and assigned Florida document number L17000091462.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

131 SW Shady Oak Way
Lake City, FL 32024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

131 SW Shady Oak Way
Lake City, FL 32024

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:

Meaghan T. Sikora

New Registered Office Address:

131 SW Shady Oak Way

Enter Florida street address

Lake City

City

Florida

32024

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.

Meaghan T. Sikora

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 | Meaghan T. Sikora | 131 SW Shady Oak Way | <input checked="" type="checkbox"/> Add |
| | | Lake City, FL 32024 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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JUN 3 2023
CLERK OF DISTRICT COURT
JULIA A. HARRIS

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

When I first filed I didn't realize that I didn't fill in the section where I put I am the owner and/or manager of the company. Also the address has changed. All is correct in this paper work also you have already recieved and cashed my \$25.00 check for the filing fee. Thank you very much for your time and patience with making these adjustments.


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 _____



Signature of member or authorized representative of a member

Meaghan T. Sikora

Typed or printed name of signer

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