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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

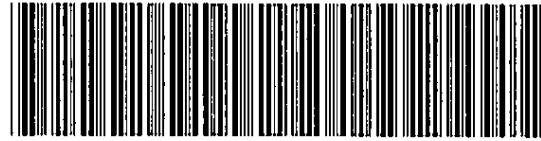
(Business Entity Name)

(Document Number)

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STATE OF
TALLAHASSEE
17 DEC 11 AM 11:08

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EJSV SUN 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:

Elodie MARTA

Name of Person

EJSV SUN LLC

Firm/Company

7931 Moonstone Dr

Address

Sarasota, FL 34233

City/State and Zip Code

elodiemarta@live.ca

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

For further information concerning this matter, please call:

Elodie MARTA

Name of Person

at (941)

Area Code

807-0535

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

EJSV SUN LLC

Page 1 of 3

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	Elodie MARTA	7931 Moonstone Dr	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jean-Philippe B JANIN	7931 Moonstone Dr	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 DECEMBER 2006

17 DEC 11 AM 11:08

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-22-2011 BY 60322
UCBAW/BJA

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.

(b) The 90th day after the record is filed.

Dated Nov 25th, 2017

Hauts

Signature of a member or authorized representative of a member

Mrs. Elodie MARTA, CEO and co-founding member

Typed or printed name of signee