

L17000166214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

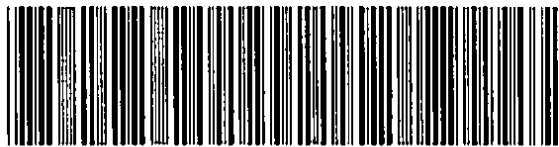
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300302280243

08/11/17--01011--022 \*\*25.00

FILED  
17 AUG 11 PM 1:17  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

S. WARREN

AUG 14 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Sunshine Caregivers / Nurse Pro's, 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:

Staci Miron  
Name of Person

Sunshine Caregivers / Nurse Pro's  
Firm/Company

6010 N. 12th Ave # 233  
Address

Pensacola FL 32501  
City/State and Zip Code

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

For further information concerning this matter, please call:

Staci Miron at ( 850 ) 346 0352  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Sunshine Caregivers/Nurse Pro's

(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 8/17/17 and assigned  
Florida document number L 17000166214

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

FILED  
17 AUG 11 PM 1:17  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
or removed from our records:

AMGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

AP	Staci Miron	1010 N 12 <sup>th</sup> Ave #233	<input type="checkbox"/> Add <input type="checkbox"/> Remove
----	-------------	-------------------------------------	-----------------------------------------------------------------

AP	Elizabeth Rosasco	Pensacola FL 32501 1706 Osceola Blvd Pensacola FL 325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
----	----------------------	-------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

AMGR	Staci Miron	1010 N 12 <sup>th</sup> Ave Pensacola FL 32501	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
------	-------------	---------------------------------------------------	----------------------------------------------------------------------------

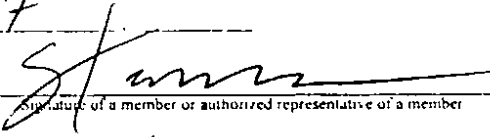
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 AUG 11 PM 1:17  
RECORDS SECTION  
TALLAHASSEE, FLORIDA

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

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 8/18/17  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Staci MIRON  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
17 AUG 11 PM 1:17  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA