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\_\_\_\_\_  
(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:

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2024-10-10 01:02:03

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUNSHINE SERVICES OF FLORIDA, 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:

**KURT ZIMMERMAN**

\_\_\_\_\_  
Name of Person

**ZIMMERMAN & ASSOCIATES**

\_\_\_\_\_  
Firm/Company

**2400 E. COMMERCIAL BOULEVARD, SUITE 820**

\_\_\_\_\_  
Address

**FORT LAUDERDALE, FL 33308**

\_\_\_\_\_  
City/State and Zip Code

**KURT@ZIMMERMANLAW.COM**

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

For further information concerning this matter, please call:

**KURT ZIMMERMAN**

**954**

**202-7440**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

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

**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          | ERIN L. CALUFETTI OTTO | c/o KURT ZIMMERMAN                | <input type="checkbox"/> Add               |
|              |                        | 699 N. FEDERAL HIGHWAY, SUITE 300 | <input type="checkbox"/> Remove            |
|              |                        | FORT LAUDERDALE, FL 33304         | <input checked="" type="checkbox"/> Change |
| MGR          | JENNA L. AUCLAND       | c/o KURT ZIMMERMAN                | <input type="checkbox"/> Add               |
|              |                        | 699 N. FEDERAL HIGHWAY, SUITE 300 | <input type="checkbox"/> Remove            |
|              |                        | FORT LAUDERDALE, FL 33304         | <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            |
|              |                        |                                   | <input type="checkbox"/> Add               |
|              |                        |                                   | <input type="checkbox"/> Remove            |
|              |                        |                                   | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 APRIL 9 2024

K. Zim  
Signature of a member or authorized representative of a member

KURT ZIMMERMAN

Typed or printed name of signee

**Filing Fee: \$25.00**