

18000058770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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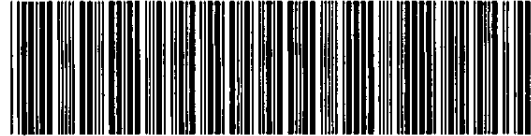
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 30 PM 3:09

N COOPER

MAY 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Sunshine Artisans, 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:

Kadija Habash

Name of Person

~~2230 Nursery Rd~~ Global Sunshine Artisans, LLC

Firm/Company

2230 Nursery Rd # F-69

Address

Clearwater, FL 33764

City/State and Zip Code

Msandhp@gmail.com

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

For further information concerning this matter, please call:

Marisol Sedore

Name of Person

at (727) 269-1609

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**

Global Sunshine Artisans, 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 02/28/2018 and assigned Florida document number L18060058770.

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)

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TALLAHASSEE, FLORIDA
18 APR 30 PM 3:09

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

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	Eugenia Akapo	37 m. Waukec Ave	<input type="checkbox"/> Add
		Dunedin, FL 34698	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Halima Ahmed	2225 Nursery Rd	<input type="checkbox"/> Add
		Building 15, Apt #102	<input checked="" type="checkbox"/> Remove
		Clearwater, FL 33764	<input type="checkbox"/> Change
AMBR	Kadija Habash	2230 Nursery Rd #F-69	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33764	<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

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

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TALLAHASSEE, FLORIDA
18 APR 30 PM 3:09

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

4/26/2018

Manuel Sedore
Signature of a member or

Signature of a member or authorized representative of a member

Marisol Sedore

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000058770
FILED 8:00 AM
March 06, 2018
Sec. Of State
wapainter

Article I

The name of the Limited Liability Company is:

GLOBAL SUNSHINE ARTISANS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

KADIJA HABASH
2230 NURSERY RD, #F-69
CLEARWATER, FL. US 33764

The mailing address of the Limited Liability Company is:

KADIJA HABASH
2230 NURSERY RD, #F-69
CLEARWATER, FL. US 33764

Article III

The name and Florida street address of the registered agent is:

KADIJA HABASH
2230 NURSERY RD,
#F-69
CLEARWATER, FL. 33764

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: KADIJA HABASH

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
MARISOL SEDORE
522 WESTMINSTER BLVD
OLDSMAR, FL. 34677

Title: AMBR
EUGENIA AKAPO
37 MILWAUKEE AVE
DUNEDIN, FL. 34698

Title: AMBR
HALIMA AHMED
2225 NURSERY RD BUILDING 15 APT 102
CLEARWATER, FL. 33764

L18000058770
FILED 8:00 AM
March 06, 2018
Sec. Of State
wapainter

Article V

The effective date for this Limited Liability Company shall be:

02/28/2018

Signature of member or an authorized representative

Electronic Signature: KADIJA HABASH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.