

L18000151630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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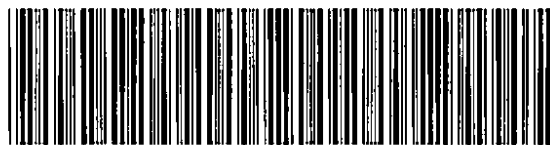
(Business Entity Name)

(Document Number)

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08/13/18--01016-001 \$25.00

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TALLAHASSEE, FLORIDA

AUG 14 2018

S. YOUNG

COVER LETTER

TO: ¹² Registration Section
Division of Corporations

SUBJECT: SWEET SUNSHINE 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:

Eric Thierry GALVAN
Name of Person

Firm/Company

9130 NW 44th Ct
Address

coral SPRINGS 33065
City/State and Zip Code

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

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Thierry galvan at (954) 451 7459
Name of Person Area Code 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Sweet Sunshine Florida LLC

(Same 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 06/20/2018 and assigned Florida document number L18000151630

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sweet Sunshine Florida L.L.C

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)

520 E Atlantic Ave
Delray Beach 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9130 NW 44th ct
Coral Springs 33065

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:

Thierry Galvan E

New Registered Office Address:

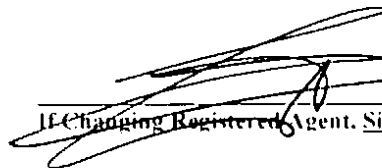
9130 NW 44th ct

Enter Florida street address

Coral Springs, Florida 33065
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>
MGR	Galvan ERIC Thierry	9130 NW 44th ct	<input checked="" type="checkbox"/> Add
		coral springs 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Galvan Aurelie	9130 NW 44th ct	<input type="checkbox"/> Add
		coral SPRINGS 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TEALOGAN LLC	9130 NW 44th ct	<input checked="" type="checkbox"/> Add
		coral SPRINGS 33065	<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

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

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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 08.10.2018

Signature of member or authorized representative of a member

Thierry Galvan €
Typed or printed name of signee

Typed or printed name of signee