L18000172451

(Requestor's Name)
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COVER LETTER

	stration Se sion of Cor			
		CS WITH RACHAEL LLC		
SUBJECT, _		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return :	all correspo	ndence concerning this matter	to the following:	
		BRENDA E WOOD		:
			Name of Person	· ·
		AMERICAN ACCOUNTI	NG	į
			Firm/Company	
		4509 BEE RIDGE RD SU	TTE C	
			Address	
		SARASOTA, FL 34233		
			City/State and Zip Code	
		E mail addraws t	to be used for future annual report not	15 million
For further int	formation c	oncerning this matter, please co		meanon)
NICHOLAS	SUNDSTR	OM	727 260-0504 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSMETICS WITH RACHAEL LLC

(Name of the Lim	ited Liability Co	empany as it now	appears on our	records.)
	4 A. Ellericha I. ins		nannul	

The Articles of Organization for this Limit of L.			
THE MIDDLES OF ORGANIZATION FOR THIS PRIMITED ITS	ability Company	were filed on 07/17/2018	and assigned
Florida document number 1.18000172451			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
SUNDSTROM ENTERPRISE, LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A	<u>.</u>
(Principal office address MUST BE A STREE	T.ADDRESS)		<u> </u>
Enter new mailing address, if applicable		N/A	<i>:</i>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/o	or registered o		cords, enter the name of the n
(Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered o		
(Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:	or registered o fice address her N/A		
(Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered o fice address her		cords, <u>enter the name of the n</u>
(Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:	or registered o fice address her N/A	e: Enter Florida street :	cords, enter the name of the n
•	or registered o fice address her N/A	e: Enter Florida street :	cords, <u>enter the name of the n</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			Remove
			
			□ Remove
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Note:	ye date, if other than the date of filing:	nal) iling.) Pursuant to 605,020 date will not be listed as
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on the earlier o
Dated_	Tan 10th 109/	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00