

418000203267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

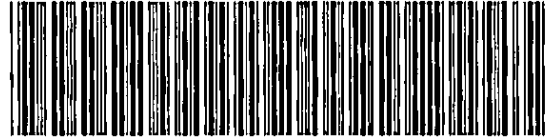
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000319813270

10/22/18--01023--017 ++25.00

FILED
18 OCT 22 PM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 31 2018
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sun Up Sun Down 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:

Clarisa Fluker

Name of Person

Sun Up Sun Down LLC

Firm/Company

5414 3rd Ave.

Address

Key West, FL., 33040

City/State and Zip Code

sunupsundownllc@outlook.com

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

FILED
18 OCT 22 PM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Clarisa Fluker

626

616-6916

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sun Up Sun Down 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 08/24/2018 and assigned
Florida document number 54-8017598623-4.

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)

5414 3rd Ave

Key West, FL. 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5413 3rd Ave

Key West, FL. 33040

FILED
OCT 22 PM 6:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Clarisa Fluker

New Registered Office Address:

5414 3rd Ave

Enter Florida street address

Key West

City

Florida 33040

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	Cynthia Hilbert		<input type="checkbox"/> Add
		22810 BLACK BEARD SUMMERLAND KEY, FL 33042	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tracey Gray		<input type="checkbox"/> Add
		22913 Buccaneer Lane, Summerland Key, FL., 33042	<input checked="" type="checkbox"/> Remove
		675 Pine River Place Unit 119 Oviedo, FL 32765	<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
 18 OCT 22 PM 6:45
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

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

Tracey Gray is a partner and a manager for Sun UP Sun Down LLC. Tracey has gone through a divorce

and has elected to take her madian name back. Could we please admend the filing documents to read

Tracey Hodges.

FILED
18 OCT 22 PM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

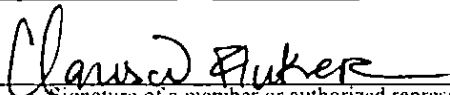
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 18, 2018



Signature of a member or authorized representative of a member

Clarisa Fluker

Typed or printed name of signee