

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 09 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2019

AUTUMN SUNA RICH  
AUTUMN SUNA, LLC  
186 SE 12 TERRACE APT 2001  
MIAMI, FL 33131

SUBJECT: AUTUMN SUNA, LLC  
Ref. Number: L18000218794

We have received your document for AUTUMN SUNA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 719A00014054

RECEIVED  
2019 AUG -9 PM 12:07  
FL

Autumn Suna, LLC  
186 SE 12 Terrace  
Apt 2001  
Miami, FL 33131  
Phone: (786) 253-1568

June 11, 2019

Department of State  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Registration Section- Amendment to Limited Liability Company

Dear Sir or Madam:

I would like to amend my LLC by changing my name as the Registered Agent and Manager from Autumn Suna to Autumn Suna Rich because I was recently married. I would also like to request my Certificate of Status. My Florida document number is L18000218794. The date of filing is 9/14/18. I have enclosed a check for \$30 for the Filing Fee and Certificate of Status. Thank you.

Sincerely,

Autumn Suna

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Autumn Suna, 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:

Autumn Suna Rich

Name of Person

Autumn Suna, LLC

Firm/Company

186 SE 12 Terrace, Apt 2001

Address

Miami, FL 33131

City/State and Zip Code

Autumnsunamakeup@gmail.com

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

For further information concerning this matter, please call:

Autumn Suna Rich 786 253-1568  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Autumn Suna, 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 9/14/2018 and assigned  
Florida document number 118000218794.

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 "LLC."

**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)

**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: Autumn Suna Rich

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>
MGR	Autumn Suna Rich		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Blank lined area for text entry.

**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 June 11, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Autumn Suna Rich

\_\_\_\_\_  
Typed or printed name of signee