3/27/2019 Division of Corporations

L19000141988

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC
Account Number : I20120000040
Phone : (305)405-2600
Fax Number : (305)405-2601

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FILED
2019 MAR 27 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2019 MAR 27 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**
**HCH SUNSHINE LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $25.00 |

MAR 2 8 2019
S. PRATHER

Electronic Filing Menu Corporate Filing Menu Help

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCH SUNSHINE 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:

SUYLEN RUBIO
Name of Person

THE ELITE CARRIER SERVICES OF MIAMI
Firm/Company

12060 NW SRIVER DR
Address

MEDLEY, FL 33178
City/State and Zip Code

SRUBIO@ELITECSOM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUYLEN RUBIO
Name of Person at (305) 405-2600
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

FILED
2019 MAR 27 AM 9:3
TALLAHASSEE, FLORIDA

HCH SUNSHINE 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 MARCH 27,2019 and assigned Florida document number L19000014188

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
*(Principal office address MUST BE A STREET ADDRESS)*
1417 SW 9 CT
CAPE CORAL, FL 33991

Enter new mailing address, if applicable:
*(Mailing address MAY BE A POST OFFICE BOX)*
1417 SW 9 CT
CAPE CORAL, FL 33991

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: 1417 SW 9 CT
*Enter Florida street address*
CAPE CORAL, Florida 33991
*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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | 1417 SW 9 CT | ☐ Add |
| | | CAPE CORAL, FL 33991 | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
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| | | | ☐ Remove |
| | | | ☐ Change |

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

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 MARCH 27 2019

Signature of a member or authorized representative of a member

HUMBERTO HIEDRA

Typed or printed name of signee

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2019 MAR 27 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FL



**Filing Fee: $25.00**