

120 0000 46835

Southern Sunshine Boutique
1707 Dads Rd
Baker, FL 32531

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

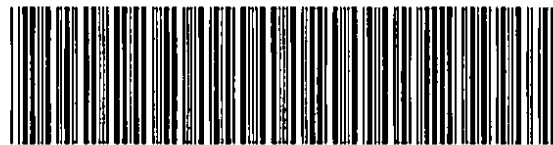
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2020 MAR 30 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 31 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN SUNSHINE BOUTIQUE 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:

SUSAN BROWN-HARTZ

Name of Person

SOUTHERN SUNSHINE BOUTIQUE LLC

Firm/Company

1707 DADS RD

Address

BAKER, FL 32531

City/State and Zip Code

susanbrownhartz@gmail.com

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

For further information concerning this matter, please call:

SUSAN BROWN-HARTZ

850

699-2022

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If adding 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> |
|--------------|-------------------|------------------------------|--|
| AMBR | SUSAN BROWN-HARTZ | 1707 DADS RD BAKER, FL 32531 | <input type="checkbox"/> Add |
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SECRETARY OF STATE
TALLAHASSEE, FL 32301-0001
20 MAR 30 PM 2:35

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

NO OTHER CHANGES NEED TO BE MADE OTHER THAN PRINCIPAL OWNER TITLE FROM

MGR TO AMBR

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TALLAHASSEE, FLORIDA

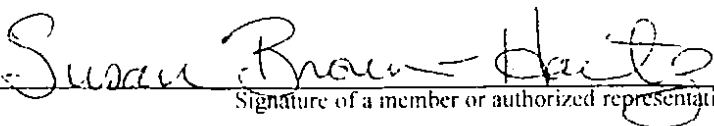
E. Effective date, if other than the date of filing: _____ (optional)

(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 FEBRUARY 20, 2020



Signature of a member or authorized representative of a member

SUSAN BROWN-HARTZ

Typed or printed name of signer