

h20 000123795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

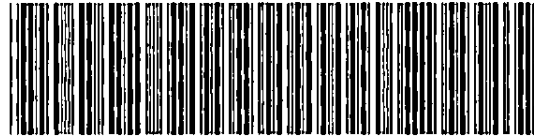
(Business Entity Name)

(Document Number)

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03/15/22 --01014--0.5 **11.25

01/10/22--01027--006 **43.75

22 MAR -7 PM 3:21

T. MATTHEWS

MAR 21 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAR -7 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FL

February 17, 2022

KIMBERLY BALCERZALE
11029 NW 87TH ST
DORAL, FL 33178

K - please change to k

SUBJECT: SUNSHINE SKIES & DREAMZ LLC
Ref. Number: L20000123795

We have received your document for SUNSHINE SKIES & DREAMZ LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

IN ORDER TO RECIEVE A CERTIFIED COPY, YOU MUST INCLUDE A CHECK OR MONEY ORDER IN THE AMOUNT OF \$11.25.

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.

Tekayla T Matthews
OPS

Letter Number: 822A00003897

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Skies & Dreamz 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:

Kimberly Balcerzak
Name of Person

Sunshine Skies & Dreamz LLC
Firm/Company

11029 NW 87th St.
Address

Doral, FL 33178
City/State and Zip Code

kimberly.balcerzak@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Balcerzak at (385) 831-3623
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

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

Sunshine Skies & Dreamz LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

22 MAR -7 PM 3:21

The Articles of Organization for this Limited Liability Company were filed on May 7, 2020 and assigned
Florida document number L2000123795.

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)

11029 NW 87St.

Doral, FL 33178

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:

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

[illegible]

[illegible]

(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)

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.


Signature of a member or authorized representative of a member

Kimberly Balcerzak
Typed or printed name of signee