

L20000132828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

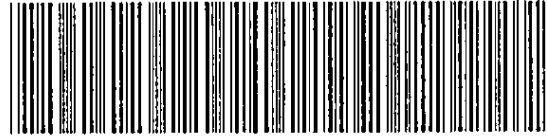
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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06/25/20--01001--003 **25.00

2020 JUN 24 11 08 10

2020 JUN 24 09 24 40

C.C.

JUN 25 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

C & K Sunshine Farms, LLC

Signature _____

Requested by: SETH

06/23/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C & K Sunshine Farms, 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:

Brian L. Kiel

Name of Person

C & K Sunshine Farms, LLC

Firm/Company

400 N. Harbor Lights Drive

Address

Ponte Vedra, FL 32081

City/State and Zip Code

kielbrian@hotmail.com

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

For further information concerning this matter, please call:

D. Randall Briley

904

285-5299

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

22 JUN 24 AM 8:11

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

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

2020 JUL 24 AM 8:11

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Kiel, Brian L.	400 N. HARBOR LIGHTS DRIVE	<input type="checkbox"/> Add
		PONTE VEDRA, FL 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Mergo, Patricia J	400 N. HARBOR LIGHTS DRIVE	<input type="checkbox"/> Add
		PONTE VEDRA, FL 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Kiel, Katlyn N	400 N. HARBOR LIGHTS DRIVE	<input type="checkbox"/> Add
		PONTE VEDRA, FL 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Kiel, Casey A	400 N. HARBOR LIGHTS DRIVE	<input type="checkbox"/> Add
		PONTE VEDRA, FL 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kiel, Brian L	400 N. HARBOR LIGHTS DRIVE	<input checked="" type="checkbox"/> Add
		PONTE VEDRA, FL 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mergo, Patricia J	400 N. HARBOR LIGHTS DRIVE	<input checked="" type="checkbox"/> Add
		PONTE VEDRA, FL 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2020 JUL 21 AM 8:11

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 6/23/ 2020

Brian L. Kiel

Signature of a member or authorized representative of a member

Brian L. Kiel

Typed or printed name of signee

Filing Fee: \$25.00