

L20000 190 591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

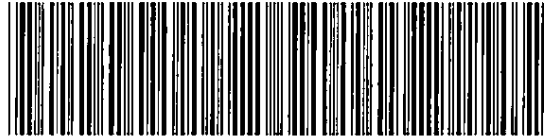
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sharing Sunshine LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Coraluzzo

Name of Person

Sharing Sunshine LLC

Firm/Company

94 Wild Oak Drive

Address

St Augustine, FL 32086

City/State and Zip Code

donna@sharingsunshine.com

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

For further information concerning this matter, please call:

Donna Coraluzzo

603 866-0521

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 JAN 29 AM 11:35

2024 JAN 29

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

Sharing 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 7/6/2020 and assigned Florida document number 120000190591.

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)

94 Wild Oak Drive

St Augustine, FL 32086

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

94 Wild Oak Drive

St Augustine, FL 32086

**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:

Donna Coraluzzo

New Registered Office Address:

94 Wild Oak Drive

*Enter Florida street address*

St Augustine


*City*

Florida 32086

*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

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TALLAHASSEE

2020 JUN 29 AM 11:35

JUL 11 2020

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          | LENA MULCAHY    | 1093 A1A BEACH BLVD # 203 | <input type="checkbox"/> Add               |
|              |                 | ST AUGUSTINE FL 32080     | <input checked="" type="checkbox"/> Remove |
|              |                 |                           | <input type="checkbox"/> Change            |
| MGR          | DONNA CORALUZZO | 94 WILD OAK DRIVE         | <input checked="" type="checkbox"/> Add    |
|              |                 | ST AUGUSTINE FL 32080     | <input type="checkbox"/> Remove            |
|              |                 |                           | <input 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            |
|              |                 |                           | <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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SECRETARY OF STATE  
TALLAHASSEE, FL

[illegible]


SECRET  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2028 JAN 29 AM 11:35

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.

Dated JANUARY 19 2023

  
Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

LENA MULCAHY

Typed or printed name of signee

**Filing Fee: \$25.00**