

L21000265419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

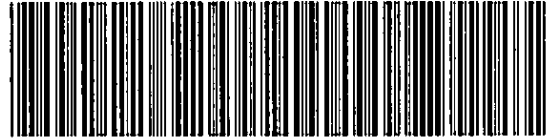
(Document Number)

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09/28/2021  
JH

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FILED  
2021 SEP 20 AM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunshine LITES CANDLE CO 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:

DOMINIQUE BURNETT

Name of Person

SUNSHINE LITES CANDLE CO LLC

Firm/Company

604 CEDAR BEND CIR #204

Address

ORLANDO FL, 32825

City/State and Zip Code

SUNSHINELITES@YAHOO.COM

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

For further information concerning this matter, please call:

DOMINIQUE BURNETT

Name of Person

at ( 317 ) 469-3684

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

FILED

2021 SEP 20 AM 1:28

SUNSHINE LITES CANDLE CO LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06/08/2021 and assigned Florida document number L21000265419.

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)

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:

Dominique Burnett

New Registered Office Address:

604 Cedar Bend Cir #204

Enter Florida street address

ORLANDO

City

Florida

32825

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.*

*DBurnett*

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DOMINIQUE BURNETT	604 Cedar Bend Cir	<input checked="" type="checkbox"/> Add
		#204	<input type="checkbox"/> Remove
		ORLANDO FL 32825	<input type="checkbox"/> Change
AMBR	AMBERLEN CANNON	604 CEDAR BEND CIR	<input checked="" type="checkbox"/> Add
		#204	<input type="checkbox"/> Remove
		ORLANDO FL <del>32825</del> 32825	<input type="checkbox"/> Change
		DB	
AMBR	Khil Wright	604 Cedar Bend Cir	<input checked="" type="checkbox"/> Add
		#204	<input type="checkbox"/> Remove
		ORLANDO FL 32825	<input type="checkbox"/> Change
AMBR	Cedric McKnight	1258 S. Central Ave	<input checked="" type="checkbox"/> Add
		Apopka FL 32703	<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

[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.

4/10/2021  
Signature of a member or authorized representative of a member  
DOMINIQUE BURNETT  
Typed or printed name of signee

**Filing Fee: \$25.00**