

L21000265419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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

FILED

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 at (317) 469-3684
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

FILED

2021 SEP 20 AM 1:28

SUNSHINE LITES CANDLE CO LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records) STATE ANNAH/SECRET PL
(A Florida Limited Liability Company)

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.

D Burnett

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

