

L22000121418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FL 32301

FILED



200 East Palmetto Park Road, Suite 103
Boca Raton, Florida 33432

Telephone: 561.910.3049
Facsimile: 954.525.4300

Michael R. Harris, Esq.
harris@kolawyers.com
(561) 910-3049 (direct dial)
(561) 910-4205 (direct fax)

December 9, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

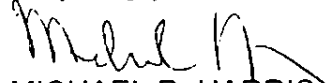
Re: Miami Sun Care, LLC

Dear Sir or Madam:

Enclosed is a Cover Letter, Articles of Amendment for Miami Sun Care, LLC, changing the Manager to the Jokinen Family Irrevocable Trust, and a check for \$60.00 in payment of your filing, a Certificate of Status, and a Certified Copy.

If any additional information is needed, please contact me.

Very truly yours,


MICHAEL R. HARRIS

Enclosures

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miami Sun Care 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:

Michael R. Harris

Name of Person

Kopelowitz Ostrow

Firm/Company

200 E. Palmetto Park Road, Suite 103

Address

Boca Raton FL 33432

City/State and Zip Code

harris@kolawyers.com

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

For further information concerning this matter, please call:

Michael R. Harris

561 910-3049

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

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TALLAHASSEE, FLORIDA

If attending 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	Jokinen Family Irrevocable Trust d:	c/o Fred Schwartz, 200 E. Palmetto Park Road	☐ Add
		Boca Raton FL 33432	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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TAMMARTIN 0010

[illegible]

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 December 9, 2024, _____



Signature of a member or authorized representative of a member

Fred A. Schwartz

Typed or printed name of signee

Filing Fee: \$25.00

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2024 DEC 13 AM 9:02
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA