## L23000242613

(Requestor's Name)
(Address)
(Address)
(Addicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Joseph Marie Mari
O W 10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500418723705

11/13/23--01010--015 \*\*25.00

23 NOV 13 AM 8: 20

## **COVER LETTER**

TO:

TO: Registration S Division of Co						
Sunshine S	State Spuds LLC					
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Denton McNamara					
		Name of Person				
	Sunshine State Spuds LLC					
	-	Firm/Company				
	3428 Neptune Dr.					
		Address				
	Orlando, FL 32804					
		City/State and Zip Code				
	denton.mcnamara@sflpotat E-mail address: (	to be used for future annual report notification)				
For further information	concerning this matter, please c					
Denton McNamara		407 2029238 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 & □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is en	itus &			
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□Change
	<del> </del>		□Add
			□Remove
			□Change
			\_\_\_\_\_\_\_\\
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

	<del></del>						<del></del>
				<del></del>			
-							
						<u> </u>	
			······································				
(If an effective da <u>Note:</u> If the d	e, if other than the test is listed, the date materials in this before the factorial and the I	ist be specific and lock does not n	cannot be prior t neet the applica				
f the record specif ecord is filed.	ies a delayed effecti	ve date, but not	an effective tin	ne, at 12:01 a.r	n. on the earlier o	f: (b) The 90th da	y after the
Dated Novem	per 8	~ .	2023				
J	20/			_ ·			_
		Signature of a r	nember or author	ized representat	ve of a member		_
Dei	nton McNamara						
			Typed or printed	t name of signed			

Filing Fee: \$25.00