

L241000177576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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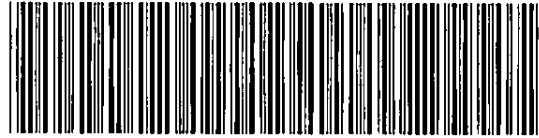
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNFLOWER CREATIVE SOLUTIONS 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:

WALLACE R. COOK

Name of Person

SUNFLOWER CREATIVE SOLUTIONS LLC

Firm/Company

2000 CHENEY HIGHWAY STE 103-286

Address

TITUSVILLE, FL 32780

City/State and Zip Code

s100inc@hotmail.com

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

For further information concerning this matter, please call:

Wallace R. Cook

321

863-2869

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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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

SUNFLOWER CREATIVE SOLUTIONS 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 04/15/2024 and assigned
Florida document number 124000177576.

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)

2000 CHENEY HIGHWAY

STE 103-286

TITUSVILLE, FL 32780

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2000 CHENEY HIGHWAY

STE 103-286

TITUSVILLE, FL 32780

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:

New Registered Office Address:

2000 CHENEY HIGHWAY STE 103-286

Enter Florida street address

TITUSVILLE

City

Florida

32780

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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APR 15 2024
TITUSVILLE
FLORIDA

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	COOK, WALLACE	2000 CHENEY HIGHWAY	<input type="checkbox"/> Add
		STE 103-286	<input type="checkbox"/> Remove
		TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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 STATE OF FLORIDA
 DEPT. OF REVENUE
 TALLAHASSEE, FL
 32399-0000

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WE ARE NOT CHANGING ANY NAMES. THE ONLY CHANGES ARE ADDRESSES.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 November 19 2024

November 19 _____ 2024

Neil D. Cook

Signature of a member or authorized representative of a member

Wallace R. Cook

Typed or printed name of signee

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2024 NOV 22 PM 4:05
CLERK OF DISTRICT COURT
TALLAHASSEE, FL
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