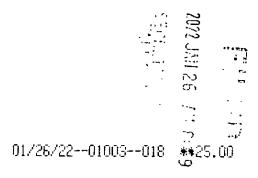
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- (Requestor's Name)
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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		P	ICK UP:	1/26	DANNY		
	xx xx	CERTIFIED COPY PHOTOCOPY CUS FILING		: Am	end		
1.		LUCKY DICK HOL		IPANY,	LLC		
2.	,	(CORPORATE NAME AND DO	OCUMENT #)				
3.		(CORPORATE NAME AND DO	CUMENT #)	_			
4.		(CORPORATE NAME AND DO	CUMENT #)				
5.	-	(CORPORATE NAME AND DO	CUMENT #)				
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COVER LETTER

	gistration Serision of Cou			
SHD IECT.	Lucky Die	k Holding Company, LLC		
SUBJECT;		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Shannan F. Oliver		
			Name of Person	
		Bloom Parham LLP		
			Firm/Company	
		Shannan F. Oliver		
			Address	
		Atlanta, Georgia 30306		
			City/State and Zip Code	
For further in	eformation c		·	ntification)
		oncerning this matter, please c		
Joe Ferguson	·····		at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
≅ \$25.00 F	iling Fcc		Certified Copy	Certificate of Status & Certified Copy
	ling Addres			ection
•				
	Box 632		The Centre of	Tallahassee
tal	lahassee, F	·L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucky Dick Holding Company, LLC			
(<u>Name of the Limited Limbil</u> (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	rds.)	
The Articles of Organization for this Limited Liability (Company were filed on 12/3/2015	and as:	signed
Florida document number L15000202469	·		_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
LD Sunlight Holding Company, LLC			
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LI	.C" or the abbreviation "1.	L.C."
Enter new principal offices address, if applicable:		2077	·
Principal office address MUST BE A STREET ADDI	RESS)		
			•
		. ; on	
inter new mailing address, if applicable:			:
Mailing address MAY BE A POST OFFICE BOX)		97	1200
		. 9	
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the nev	v registe
Name of New Registered Agent:			
New Registered Office Address:	P. s. Pl. + F	·	
	Enter Florida street addre	*15	
		lorida	
	City	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

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>	Name	Address	Type of Action
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lote: If the date inserted in this blo ocument's effective date on the De	ock does not meet the applica	ible statutory filing requ	irements, this date v	vill not be listed
outmont 3 creened take on the pe	partition of state 3 records,			
record specifies a delayed effective Lis tiled.	date, but not an effective tii	ne, at 12:01 a.m. on the	earlier of: (b) The	90th day after th
ated January 27	2022			
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860	Signature of a member or autho			

Filing Fee: \$25.00