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COVER LETTER

Registration Section

Division of Corporations

TO:

| Sunny Hol SUBJECT: | ding Group, LLC | | | | |
|---|---|---|--|--|--|
| 30bjec 1. | Name of Lin | nited Liability Company | | | |
| The enclosed Articles of | 'Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | |
| | Bridget M. Friedman | | | | |
| | | Name of Person | | | |
| | Friedman Law, P.A. | | | | |
| | - | Firm/Company | | | |
| | 600 Rinehart Road, Suite | 3086 | | | |
| | | Address | | | |
| | Lake Mary, FL 32746 | | | | |
| | | City/State and Zip Code | | | |
| | johnny@sunnybeautysuppl | | | | |
| | E-mail address: (| to be used for future annual report not | ification) | | |
| For further information c | concerning this matter, please c | all; | | | |
| Bridget M. Friedman | | 407 830-6331 | | | |
| Name o | d Person | at () Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for the | he 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) | | |
| <u>Mailing Addres</u> Registration S | | <u>Street Address:</u> Registration Se | ction | | |
| Division of C | orporations | Division of Corporations | | | |
| P.O. Box 632 | | The Centre of T | | | |
| Tallahassee, l | コレン2314 | 2415 N. Monro | e Street, Suite 810 | | |

Tallahassee, FL 32303

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

| Sunny Holding Group, LLC | | |
|--|--|--|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on ou Limited Liability Company) | ir records.) |
| The Articles of Organization for this Limited Liability C | ompany were filed on | and assigned |
| Florida document number L20000015331 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ted liability company here: | |
| he new name must be distinguishable and contain the words "Lim | ited Liability Company," the designati | on "LLC" or the abbreviations "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| <u>Principal office address MUST BE A STREET ADDR</u> | ESS) | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | Un Vi |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u>-</u> |
| 3. If amending the registered agent and/or registered | office address on our records | , enter the name of the new regi |
| gent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | et address |
| | | Florida |
| | City | Zip Code |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------|-----------------------|----------------|
| MGR E | Bridget M. Friedman | 600 Rinehart Road | |
| | | Suite 3086 | ■Remove |
| | | Lake Mary, FL 32746 | □Change |
| MGR | Johnny Ho 1230 V | 1230 W. Central Blvd. | ■ Add |
| | | Orlando, FL 32805 | □Remove |
| | | | □Change |
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| m effective date is list ote: If the date insc | her than the date ed, the date must be sp crted in this block d date on the Departi | of filing: _ secific and car oes not mee | t the applica | o date of filing | or more than stilling require | (optio 0 days after t ements, this | iling.) Pursua | nt to 605.0, t be listed |
| is filed. | slayed effective date | | | | | | The 90th o | lay after t |
| ited | 113 Agot Signa | · <u>c</u> | 3030 | ⊋ | | | | |
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Filing Fee: \$25.00