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SECRETARY OF STATE
ASSOCIATION OF STATE ASSOCIATION

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COVER LETTER

Division of Corporations
SUBJECT: Sunny Medical Conter 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:
Alexey Muzyka Name of Person
Sunny Medical Center LLC
17070 Collins Ave #257
Sunny 6/8 Beach, FL 33/60 City/State and Zip Code
E-mail address: (to be used for future and fual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Hoxey Muzyka at (786) 201000 255 Area Code Daytime Telephone Number (786) 21
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunny Medical C	enter	LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1500009279</u>	were filed on 🧷	5/27/20	orsi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company h	ere:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the o	lesignation "LLC" or the	e abbreviation "L.L	C."
Enter new principal offices address, if applicable:		A		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		TI/A		
(Mailing address MAY BE A POST OFFICE BOX)			T. 2	
				77
			REAST CO	-
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address or :	our records, <u>ent</u>	er the name o	f the new
		1	₽	, , ,
Name of New Registered Agent:		11 /h	1000 F	
New Registered Office Address:			8 13 8 0.0	
	Enter Flo	rıda sirdet dadresil		
	City	, Florida	Zıp Code	
		-	-7	

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Ekaterina Perepech	17070 Collins Ave #257 Sunny Isles Beach, FL 33	Add Add Remove
MGR	Vladimir Nevidomy	17070 Collins Ave # 257 Sunny Isles Beach, FL 3	Change Add Remove
			Change
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Filing Fee: \$25.00