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(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
3420			

Office Use Only



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MAR 09 2023 C MCNAIR

Bruce Langford 2358 Riverside Avenue, Apt 506 Jacksonville, Florida 32204

3/3/20

Florida Department of State Division of Corporations ATT: Cheryl R. McNair, Regulatory Specialist II PO Box 6327 Tallahassee, FL 32314

RE: Letter Number 720A00003252

Dear Ms. McNair,

Thank you for you assistance in referring me to Darlene Cornel regarding the enclosed Certificate of Amendment for the Sunny Money Partnership. Darlene instructed me to send the Cover Letter and Certificate of Amendment Form back to you without the documents that I had previously enclosed.

She told me to simply complete the sections on the Form that need to be amended:

Any addition information or documents were not required. Attached is the completed Certificate of Amendment Form with changes to three Sections:

Section B

Mailing address is 2358 Riverside Ave, Apt 506, Jacksonville, FL 32204

Section C

Registered Agent was changed to Mark Shorstein, CPA, 8265 Bayberry Rd, Jacksonville, FL 32256

Section F

Partnership agreement has been amended to reflect term ending date of 12/31/50

Please contact me if you have any questions or require additional items.

Very truly yours,

Bruce Langford, GP Sunny Money Partners

305.794.2868

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COVER LETTER

_	of Corporations	•	
SUBJECT:	Sunny Money Partners	Limited Partnership	
SOBJECT.	Name of Florida Limited Par	tnership or Limited Liability	Limited Partnership
	ertificate of Amendment ar		for filing.
Please return all	correspondence concerning	ig this matter to.	
Bruce	Langford		20 KM - 5 PH 1: 21
	Contact Person		∵ ≰
N/A			1
	Firm/Company		P
2358 R	Riverside Ave, Apt 506	 -	
	Address '		5.
Jackso	nville, FL 32204		
	City, State and Zip Code		
	ord45@gmail.com		
E-mail addre	ss: (to be used for future annual	report notification)	
For further info	rmation concerning this ma	atter, please call:	
Bruce_	Langford		94-2868
Name of	Langford Contact Person	Area Code and Dayt	ime Telephone Number
Enclosed is a cl	neck for the following amo	unt:	
\$52.50 Filing F	Fee ☐\$61.25 Filing Fee and Certificate of Status	□\$105 00 Filing Fee and Certified Copy	□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADE	ORESS:	MAILING A	ADDRESS:
Registration Se		Registration	
Division of Cor	•	Division of C P. O. Box 63	
Clifton Buildin 2661 Executive		Tallahassee,	
Tallahassee, FL		2 1111111111111111111111111111111111111	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

20 x1.5x	
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	1.27

Sunny Money Partners Ltd

nsert name current	v on	file with	Florida	Departmen	t of State

macr name currently on the	To the training reparation of state
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	mited partnership or limited liability limited partnership
New name must be distinguis	hable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes: B. If amending mailing address and/or principal office address here:	hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP. ipal office address, enter new mailing address and/or
or include office address need.	
New Principal Office Address:	2358 Riverside Ave Apt 506
(Must be STREET address)	Jacksonville, Fl 32204
	same as above
New Mailing Address: (May be post office box)	Sume us above
C. If amending the registered agent and/or registenew registered agent and/or the new registered officers.	red office address on our records, enter the name of the ce address here:
Name of New Registered Agent:	Mark Shorstein, CPA
New Registered Office Address:	8265 Bayberry Road Enter Florida street address
	Jacksonville Florida 32256 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.

If Changing Registered Agent. Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Ty	ne of Action
		 		□ Add □ Remove
				□ Add □ Remove
				□ Add □ Remove
				□ Add □ Remove
	',			☐ Add ☐ Remove
				□ Add □ Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
 - This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
 - This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

	·	
e partnership agreement has been amended to n	reflect a term ending XXXX	December 31, 2050
participally agreement and account account and account account and account account account and account account and account account and account account and account account account account and account		
The partnership agreement	has been amende	d to refree during in almoschip interes
-change in ouetodial status		-bnevs-and-change of numberdue be marriage
State.)	re than 90 days after th	ne date this document is filed by the Florida Department of
Note: If the date inserted in this block do be listed as the document's effective date	es not meet the applica on the Department of (able statutory filing requirements, this date will not State's records.
Signature(s) of a general partner	r or all general pa	rtners*:
*NOTE: Only one current general partnemoving a "limited liability limited partnyhen adding or removing a "limited liabi	nership" election staten	his document unless the limited partnership is adding or ment. Chapter 620, F.S., requires all general partners to sign o" election statement.)
marin Brace &	111	
Marvin Bruce Langford, GP	/ X	
- Harvin Bluce Langiord, or		
<u> </u>		
Signature(s) of all new or dissoc	iating general par	tner(s), if any
	<u></u>	
		
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	