

L05000103249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

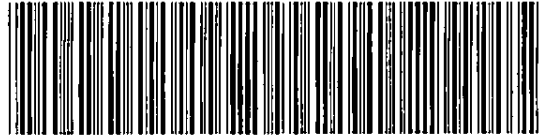
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunny Times 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:

Joseph Paprocki  
Name of Person

Sunny Times LLC  
Firm/Company

204 NANCY DR  
Address

Daytona Beach FL. 32114  
City/State and Zip Code

solutionsjoe@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Paprocki at (386) 214-3209  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Sunny Times 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 10-19-05 and assigned Florida document number L05000103249

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

204 Nancy Dr  
Daytona Beach FL  
32114

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5434 Frederick Lake Dr  
Port Orange FL  
32128

**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:

Sandra Paprocki

New Registered Office Address:

5434 Frederick Lake Dr.

Enter Florida street address

Port Orange

City

Florida

32128

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.*

Sandra Paprocki

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sandra Paprocki	5434 Frederick Lake Dr	<input checked="" type="checkbox"/> Add
		Port Orange FL 32128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Paprocki	5434 Frederick Lake Dr	<input checked="" type="checkbox"/> Add
		Port Orange FL 32128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Peter Glover	28 Circle Creek Way	<input type="checkbox"/> Add
		Ormond Bch FL 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paul Estes	615 Peninsula Dr	<input type="checkbox"/> Add
		Ormond Bch FL	<input checked="" type="checkbox"/> Remove
		32118	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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 February 27, 2024

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Joseph Paprocki  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**