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S. HAWKES

OCT 1 9 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: SunnySide Entroises LCC 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:
Dean Jordan Name of Person
Sunnyside Enterprises, LLC
1340 S3rd Street, Suite 7
West Palm Booch FL 33407 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Decor Jordon at (Sol) (044-9817 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \) \(\text{Solon Filing Fee & Certified Copy} \) \(\text{(additional copy is enclosed)} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \)

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

Sunnyside F	nterprises.	uc	
· (Name of the Limited Liability Compa (A Florida Limited I		ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number 40500108201	were filed on <u>III8</u> .	2005 and assigned	
This amendment is submitted to amend the following:		10 OCT 18	
A. If amending name, enter the new name of the limited liab	oility company here:	R	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," th	e designation "LLC" on the aboreviation	
Enter new principal offices address, if applicable:	1340530	Street	
(Principal office address MUST BE A STREET ADDRESS)	Suite 7 West Pain	n Booch, FL 33407	
Enter new mailing address, if applicable:	1340,530	Street	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 7 West Pair	n Beach, Fl 33407	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
•			
·	City	, Florida 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MbB	melody Jewel	1811 Magliano Dave Coyntod Beach, FL 33436	Add Remove
MbR.	Dean Jordan	1811 magliano Orive Boynton Beach IFL 33434	Add Remove
MGRM	Ocan Jordan	1811 Magliano Orive Boynton Beach, FL 33436	Add Remove
			00
			□ Add □ Remove □ □ C
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	Actdd Remove
			
_			realizations.
Dated	Stober 4, 20	<u>)10</u> .	
	Signature of a heaph	er or authorized representative of a member	
	Dego	d or printed name of signee	
	1 ype	a or bringer name or signee	

Page 2 of 2

Filing Fee: \$25.00