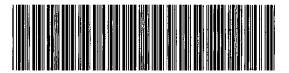
•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
·					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to Filling Officer.					

Office Use Only

G. MCLEOD AUG 1 9 2009

EXAMINER



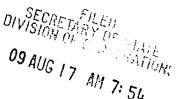
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08/17/09--01014--004 **25.00

COVER LETTER

то:	Registration S Division of Co						
SUBJE	CT:	Sunny Prope	erty Investments,	LLC			
			ted Liability Company				
· The enc	losed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all corresp	ondence concerning this matter	to the following:				
	Richard Strell Name of Person						
	,		Name of Ferson				
		** ***********************************	Firm/Company				
404 NE 35th St Address							
	Miami, Fl 33137 City/State and Zip Code						
		E-mail address: (aringtogo@gmail.com to be used for future annual report no	otification)			
For furt	her information	concerning this matter, please of	call:	•			
Richard Strell Name of Person			at (_786_)	290-0656			
	Name	or Person	Area Code & Day	time Telephone Number			
Enclose	ed is a check for	the following amount:					
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ty Compar a Limited L Company 	nvestments, lay as it now appear iability Company) were filed on	April 30, 2008	## 7: 54 and assigned		
Company	were filed on	April 30, 2008	and assigned		
Company	were filed on	April 30, 2008	and assigned		
			and assigned		
	ility company he	re:			
	ility company he	re:			
mited liabi	ility company he	re:			
		 -			
vords "Limit	ted Liability Comp	any," the designation "	LLC" or the abbreviation		
			•		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>		
			•		
Enter new mailing address, if applicable:			404 NE 35th St		
(Mailing address MAY BE A POST OFFICE BOX)					
		our records, enter	the name of the new		
<u>idress her</u>	<u>e</u> :				
hard Stre	ell				
New Registered Office Address: 404 NE 35th					
Tion togistaled office (fadious.			dress		
	Miami,	. Florida	33137		
	City	7	Zip Code		
	DRESS) istered of ldress her	404 NE 35th Miami, Fl 33 404 NE 35th Miami, Fl 33 istered office address on Idress here: thard Strell NE 35th St Miami,	404 NE 35th St Miami, Fl 33137 istered office address on our records, entered dress here: chard Strell I NE 35th St Enter Florida street address, Florida		

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> <u>Address</u> **Type of Action** Richard Theodore MGRM ☐ Add 242 NE 26th St √ Remove Miami, Fl. 33137 Richard Strell MGRM 404 NE 35th St ✓ Add Remove Miami, Fl 33137 _ Add ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00