

LD90000006173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 02 2016

WARREN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MB SUNNY DAY, 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:

CRISTINA BETTI

Name of Person

MB SUNNY DAY LLC

Firm/Company

888 BISCAYNE BOULEVARD #4507

Address

MIAMI, FL 33132

City/State and Zip Code

accounts@opisas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELE KODRIC

786 210-9916
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

MB SUNNY DAY 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 01/20/2009 and assigned
Florida document number L09000006173

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

478 E. ALTAMONTE DR

ALTAMONTE SPRINGS

FLORIDA, 32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

478 E. ALTAMONTE DR

ALTAMONTE SPRINGS

FLORIDA, 32701

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:

JOHN E. DANNEL

New Registered Office Address:

217 N. WESTMONTE DR #2018

Enter Florida street address

ALTAMONTE SPRINGS

Florida 32714

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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2010 MAY 26 P 5:40
 SECRETARY OF STATE
 TREASURER
 FLORIDA
 FILED

[illegible]

(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)

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 MAY 18, 2016

C. Betti

Signature of a member or authorized representative of a member

CRISTINA BETTI

Typed or printed name of signer

Filing Fee: \$25.00

FILED
2016 MAY 26 P 5:40
CLERK OF STATE
TALLAHASSEE, FLORIDA