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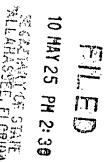
(Re	questor's Name)	
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. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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D. BRUCE

MAY 26 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Drinydays Ir Name of Limi	nvestment LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Lariss		
	Sunnyday	Name of Person S In Estment L Firm/Company	<u>ic</u>
	448 E	40 st	
	Hialean	,FL 33013	10
	Sunnyday E-mail address: (1	City/State and Zip Code Sinvestment G your to be used for future annual report notifications.	aho.com
For further information co	oncerning this matter, please o	all:	是 四
Carissa Name of	Blanco	at (305) 338 Area Code & Daytime	-IOIO STATE SEPTIMENT SEPT
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunnydays	Investment	LLC	
(<u>Name of the Limited Li</u> (A FI	ability Company as it n orida Limited Liability C	ow appears on our recompany)	<u>ords.</u>)
The Articles of Organization for this Limited Liab Florida document number	ility Company were file	ed on 05/13/20	OtO and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the		npany here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liabi	lity Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	NA	
(Principal office address MUST BE A STREET A	ADDRESS)		É . 10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	n/A	44/25 PM 2:33
B. If amending the registered agent and/or registered agent and/or the new registered office		ress on our records,	enter the name of the new
Name of New Registered Agent:		N/A	
New Registered Office Address:		Entay Florida a	tuat adduses
	Enter Florida street address, Florida		
-	City	, ra	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>	<u>Name</u>	Address	Type of Action
MGR	Enrique Fraga	13701 SW 84ct Hlan: FL 33158	Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	ary.)
			10 MAY 25
Dated		·	PH 2: 30
	LaruseD	Bles	-
	Signature of a mem	ber or authorized representative of a member	
	1 yp	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00