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A. LUNT				
JUN 21 2010				

EXAMINER

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06/20/11--01035--016 **25.04



COVER LETTER

	ion Section of Corporations				
SUBJECT:	SUNNY N	IETWORKS, LLC			
		ited Liability Company		-	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.			
Please return all co	rrespondence concerning this matte	r to the following:			
	MONIQUE TRONCONE CPA				
		Name of Person			
					
		Firm/Company			
		Address		- 5	
	ВС	DCA RATON, FL 33432		ŠECI	
		City/State and Zip Code			
	MONIQU	JE@TRONCONE-CPA.CC	OM .	ARY SSE	
For further informa	tion concerning this matter, please	(to be used for future annual report noticall:	ification)	PE PE STA	
Мо	nique Troncone CPA	at (561)	417-0308		
	lame of Person	Area Code & Daytir	ne Telephone Num	ber	
Enclosed is a check	for the following amount:	·			
\$25.00 Filing F	ee \$\begin{aligned} \$30.00 \text{ Filing Fee & Certificate of Status} \end{aligned}	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi d) Certifi	Filing Fee, leate of Status & lead Copy lead copy lead copy lead copy lead to see the copy le	
Г. Р	AAILING ADDRESS: Legistration Section Division of Corporations O. Box 6327 Fallahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on prations Center Circle	:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S	UNNY NET	WORKS, LLC		
(<u>Name of the Limite</u> (d Liability Comp A Florida Limited	pany as it now appear d Liability Company)	s on our records.)	
The Articles of Organization for this Limited 1	ny were filed on	05-23-11	and assigned	
Florida document number L1100006	<u> </u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u>	of the limited li	ability company here	<u>e</u> :	
		/A		٠.
The new name must be distinguishable and end w "L.L.C."	rith the words "Li	mited Liability Compar	ny," the designation	-C =
Enter new principal offices address, if appli	icable:	N/A	HAS	
(Principal office address MUST BE A STREET ADDRESS)			ਨ ਜ਼ਿਸ਼ 	₹ • [
Enter new mailing address, if applicable:		N/A	ORIDA	AT 3
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>enter</u>	the name of the ne
Name of New Registered Agent:	N/A			····
New Registered Office Address:	N/A			
		Ent	er Florida street add	iress
			, Florida	
		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 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

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 = Managing Member

<u>Title</u>	Name	Address	Type of Action				
MGR	OCHOA, JUAN C	55 NE 5TH AVENUE, SUITE 501 BOCA RATON, FL 33432	Add Remove				
MGR	BUSTAMANTE, SOLIMAR	55 NE 5TH AVENUE, SUITE 501 BOCA RATON, FL 33432	✓ Add Remove				
	·		Add Remove				
			Add Remove				
			A David				
		ASSEE FI	Remove				
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necess					
<u> </u>			- -				
	HINE	D14 A	 -				
Dated	Phy	or or authorized representative of a member					
	Juan C Ochoa Solimar Bustamante Typed or printed name of signee						

Page 2 of 2