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B. BOSTICK

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SURJECT: SUNNY WISHES, 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:

LILIANA ALBRECHT

Name of Person

Firm/Company

1486 SANDPIPER CIRCLE

Address

WESTON, FLORIDA 33327

City/State and Zip Code

RONNYLI@BELLSOUTH.NET

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

For further information concerning this matter, please call:

LILIANA ALBRECHT

Name of Person

at (954) 8019917

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

SUNNY WISHES, LLC			
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our remited Liability Company)	ecoras.)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 03/28/2012	** · · · · · · · · · · · · · · · · · ·	_ and assigned
Florida document number L12000043172	-•		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:		
The new name must be distinguishable and end with the words L.L.C."	s "Limited Liability Company," the de	signation "LLC	C" or the abbrevia
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	ESS)	====	
		Er.	<u> </u>
		A A	001
nter new mailing address, if applicable:		1SS	
Mailing address MAY BE A POST OFFICE BOX)		PTT .	<u>2≥</u>
		0.1.	<u></u>
		= :	09
 If amending the registered agent and/or registe egistered agent and/or the new registered office address 		ds, <u>enter the</u>	name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		Florida	7: 6 1
	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>	<u>Name</u>	Address	Type of Action
MGR	RODRIGO VILLAMIL	1486 SANDPIPER CIRCLE	Add
		WESTON, FL 33327	Remove
			_
			Add
			Remove
			Add
		Per Company	Remove
			- +
		77.02	Add
			Remove
			_
			Remove
			_
			Add
			Remove
			_ ,

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u>.</u>	
	
Dated DE	CEMBER 31 2012 /
	Signature of a member or authorized representative of a member
	MARGARITA M ROA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2813 OCT 14 AM FOX