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## **COVER LETTER**

SUBJECT:	Sunny Ba	ach Apps, LLC ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Da	na Chase Name of Person		
	Sunn	y Beach Apps, Firm/Company	LLC	
	1727	Grand Central Address	Dr	
	Tarpon	Springs Fi 3 City/State and Zip Code	34689	
	E-mail address: (	to be used for future annual report notifica	ation)	
For further information cond	cerning this matter, please ca	all:	5200 85	
Name of Po	<u>Chase</u>	at (47) 27 - 9: Area Code Daytime 7	38 - 9102 Elephone Number	CECEN
Enclosed is a check for the				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Sung	Beach Apps, LLC		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)		•
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on <u>4/a5/</u> 2013 3 <u>a4</u> .	3 and a	assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicab  (Principal office address MUST BE A STREET.)		he abbreviation '	'L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	)X)		
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>en</u>	nter the nam	e of the new
Name of New Registered Agent:			7 11
New Registered Office Address:	Enter Florida street address	77.34	7
	, Florida		<del> </del>
	City	Zip Coa	te

### 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>	Name	Address	Type of Action
AMBR	Brian Chase	1727 grand Central Dr Taypon Springs. Fe 34	XAdd 689
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4	ition, enter change(s) here: (Attack	rudamonai sneets, y necessary.)	
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Sective date, if other than the	e date of filing: st be specific and cannot be prior to date of f	(optional)	urcuant to 605.02
ote: If the date inserted in this b	lock does not meet the applicable statut	ory filing requirements, this date wi	ll not be listed a
ocument's effective date on the D	repartment of State's records.	; ;	
e record specifies a delaye	d effective date, but not an effe	,	: ``
The 90th day after the rec	ord is filed.	source entitle, de 12.01 diffit oil	
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	Dava Chare	Soontative of a mamba-	7
	Signature of a member or authorized repro		<u> </u>

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Filing Fee: \$25.00