## 213000121694

| (Rec                      | questor's Name)   | <del></del> |
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| PICK-UP                   | ☐ WAIT            | MAIL        |
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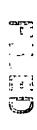
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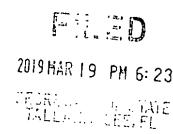
## **COVER LETTER**

| TO: R       | egistration Sec<br>ivision of Corp | ction<br>porations                              |   |   |          |
|-------------|------------------------------------|---|---|---|----------|
| empteen     |                                    | in Florida, LLC                                 |   |   |          |
| SUBJECT     | ·                                  | Name of Limi                                    | ted Liability Company   |   |          |
| The enclos  | ed Articles of z                   | Amendment and fee(s) are subr                   | nitted for filing.  |   |          |
| Please retu | ırn all correspoi                  | ndence concerning this matter t                 | to the following:   |   |          |
|             |                                    | Patrik Gransater                                |   |   |          |
|             |                                    |   | Name of Person  | <u> </u>  |          |
|             |                                    | Sunny Side in Florida, LLC                      |   |   |          |
|             |                                    | <u> </u>  | Firm/Company  |   |          |
|             |                                    | 1907 NE 2nd Street (Office                      | 2)  |   |          |
|             |                                    | <del></del>                                     | Address   |   |          |
|             |                                    | Deerfield Beach, FL 33441                       |   |   |          |
|             |                                    |   | City/State and Zip Code   | _   |          |
|             |                                    | patrik.gransater@gmail.com                      |   |   |          |
|             |                                    | E-mail address: (t                              | o be used for future annual re  | port notification)  |          |
| For further | information co                     | oncerning this matter, please ca                | ill:  |   |          |
| Susan D.    | Pesel, Esq.                        |   | 561 620-  |   |          |
|             | Name of                            | Person  | Area Code   | Daytime Telephone Number                                      | _        |
| Enclosed i  | s a check for th                   | e following amount:                             |   |   |          |
| \$25.00     | ) Filing Fee                       | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | S60.00 Filing l Certificate of Certified Cop (additional copy | Status & |

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 Side in Florida, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_L13000121694 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                                   | Type of Action |
|--------------|-----------------|--|----------------|
| MGRM         | Hanna Gransater | 1907 NE 2nd Street,<br>Deerfield Beach, FL 33441 |                |
|              |                 |  | ■ Remove       |
|              |                 |  | Change         |
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| Patrik Gransater 100% Interest  |                                     |                             |   |           |
|---|-------------------------------------|-----------------------------|---|-----------|
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|   | <del></del>                         | <del>-</del>                |   |           |
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|   |                                     |                             |   |           |
| ctive date, if other than the da  | March 11, 201                       |                             | (optional)                              |           |
| ctive date, if other than the date must be effective date is listed, the date must be at this block in this block of the date inserted in this block of the date inserted in this block of the date inserted in this block of the date. | e specific and cannot be prior to d | late of filing or more than | 90 days after filing.) Pursuant t       | io 605.02 |
| ment's effective date on the Department   | artment of State's records.         | . statutory ming requi      | cinents, this date will not be          | e nated   |
|   |                                     |                             |   |           |
| ecord specifies a delayed enter the record  |                                     | n effective time, a         | at 12:01 a.m. on the e                  | arlier    |
| ·   |                                     |                             |   |           |
| March 11  | 2019                                |                             |   |           |
| ed March 11  Potribly of Si   | ·                                   | •                           |   |           |
| U A F   | - \                                 |                             |   |           |

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Filing Fee: \$25.00