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| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | siness Entity Nar | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| SUNNY SI SUBJECT: | DE IN FLORIDA VI, LLC | | | | |
|------------------------------|--|---|--|--|--|
| | Name of Limi | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return all correspond | endence concerning this matter | to the following: | | | |
| · | JEFF TOMBERG, ESQUI | RE | | | |
| | | Name of Person | | | |
| | TOMBERG, HANSON & | HALPER, LLC | | | |
| | | Firm/Company | _ | | |
| | 2500 QUANTUM LAKES DRIVE, STE. 203 | | | | |
| | | Address | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | BOYNTON BEACH, FL | 33426 | | | |
| | | City/State and Zip Code | | | |
| | piatty@yahoo.com | | | | |
| | E-mail address: (| to be used for future annual report notifi | cation) | | |
| For further information of | concerning this matter, please ca | ali: | | | |
| Jeff Tomberg | | at (Area Code Daytime | | | |
| Name o | of Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for t | he 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

TO:

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 VI, LLC | | | |
|---|---|--|------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our reco Liability Company) | rds.) | |
| The Articles of Organization for this Limited Liability Company | y were filed on June 16, 2014 | · | _ and assigned |
| Florida document number L14000096357 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liab | pility Company," the designation "LL | .C" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 7 (1) (1) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | , |
| | | \$00 had | 23 pre-seles |
| Enter new mailing address, if applicable: | P.O. Box 1426 | ARY C | <u>m</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | Boynton Beach, FL 33425 | FS U | O |
| | | DRID! | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | | <i>P</i> | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street addr | ress | |
| . | , I | Florida | Zip Code |
| | Cuir | | Lip 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 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 ameading 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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|-----------------------------------|------------------|
| AMBR | Jeff Tomberg | 2500 Quantum Lakes Drive, Ste. 20 | |
| | | Boynton Beach, FL 33426 | □ Remove |
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| te: If the date in | serted in this block d | does not meet the | e applicable stat | | | | |
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| 17 | Sign | ature of a member | r or authorized re | presentative of a | member FLORID | U | - P |

Page 3 of 3

Filing Fee: \$25.00