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## **COVER LETTER**

TO: Registration Section . Division of Corporations
SUBJECT: Sunnyland Installs, 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:
Stanley J. Crisher Name of Person
Sunnyland Installs LL C
85723 Bostick Wood Dr.
Fernandina Beach, Fl 32034  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth R. Crisher at (904) 5571393  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  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

Sunnyland	Installs, LLC	
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	r <u>ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on April 0	7 2015 and assigned
Florida document number <u>L150000606</u>	<u>61</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	17 JU.
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LL	.C" or the abbreviation "L.B.C."
Enter new principal offices address, if applicable:		P
(Principal office address MUST BE A STREET ADD	RESS)	2:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, <u>enter the name of the ne</u> y
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	522
	_	
	, F	Norida Zip Code
New Registered Agent's Signature, if changing Registere	ed 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

**Type of Action** Title **Address** Name Elizabeth R. Crisher 85723 Bostick Wood Dr. MADD AMBR ☐ Remove ☐ Change ☐ Remove Change 5 □ Add □ Remove □ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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effective date is listed, the	e date must be specific a in this block does no	and cannot be prior of meet the applic	r to date of filing or re able statutory filir	nore than 90 days after or requirements, this	filing.) Pursuant to 605.026 s date will not be listed a
ument's effective date					
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	At.	- ~ /X / ·	<b>人</b>		

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Filing Fee: \$25.00