L15000099231

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FILED
Dec 28, 2016 08:00 AM
Secretary of State

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	Sunny Side	1.0, LLC		
SUDJEC				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter		
r rease ret	arn an correspon	interior concerning this matter	wate tonoming.	
		Mitchell W Johnson		
			Name of Person	
		Sunny Side 1.0, LLC		
			Firm/Company	
		3101 Seaway Court		,
			Address	
		APT 206		
			City/State and Zip Code	
		Tampa, FL 33629	to be used for future annual report no	tification
For furthe	er information c	oncerning this matter, please c		anoacony
Mitchell		-	727 324-3963	
,	Name o	f Person	at () Area Code Dayti	me Telephone Number
		ne following amount: \$\Pi\$ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
\$25.0	00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/COUI Registration Sec	RIER ADDRESS:	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corp Clifton Building	orations	
		2661 Executive Tallahassec, FL	Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Sunny Side 1.0, LLC	-			
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	3.)	
The Articles of Organization for this Limited L	iability Company	were filed on 04/03/15	and assigned	
Florida document number L15000099231			· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
Frontline PM, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation "LLC	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2920 N. Tampa Street		
(Principal office address MUST BE A STREE	T ADDRESS)	Tampa, FL 33602		
Enter new mailing address, if applicable:		PO Box 488		
(Mailing address MAY BE A POST OFFICE	BOX)	Oldsmar, FL 34677		
B. If amending the registered agent and registered agent and/or the new registered of			s, enter the name of the ne	
Name of New Registered Agent:			······································	
New Registered Office Address:	2920 N. Tamp	a Street		
		Enter Florida street addre	22	
	Tampa	,FI	lorida 33602	
		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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
			□ Remove
			☐ Cḥange
		<u> </u>	☐ Remove
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ctive date, if other than the dat fective date is listed, the date must be If the date inserted in this block ment's effective date on the Depar	does not meet the applicable	ate of filing or more than 90 destatutory filing requireme	_ (optional) ays after filing.) Pursuant to 605 nts, this date will not be liste
ecord specifies a delayed ef e 90th day after the record		n effective time, at 1	2:01 a.m. on the earlie
d December 22	2016.		•

Page 3 of 3

Filing Fee: \$25.00