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COVER LETTER

Division o	of Corporations	
Sunn	ny Susan LLC	
SUBJECT.	Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	Susan Yarab	
	Name of Person	
	Firm/Company	
	17040 Marina Cove Lane	<u>→</u> 200
	Address	70
	Ft Myers FL 33908	ر (ان) سدد
	City/State and Zip Code sunnysusany@gmail.com	1 PM 3: 10
	E-mail address: (to be used for future annual report notification)	5
For further informa	ation concerning this matter, please call:	· · · · · · · · · · · · · · · · · · ·
Susan Yarab	239 789-6400 at ()	
1	Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check	ck for the following amount:	
□ \$25.00 Filing F	Fee \$\Bigsiz \\$30.00 \text{ Filing Fee & Certificate of Status} \\$55.00 \text{ Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \qu	Status &

MAILING ADDRESS:

TO:

Registration Section

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 Susan LLC		
(<u>Name of the Limited Li</u> (A Fi	ability Company as it now appears on corida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili Florida document number L1600039079	ty Company were filed on February	y 24,2016 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Susan Yarab LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	7
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Enton norm malling address (Camplicable)		- STOP
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
		5 5 5
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
		, Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered 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>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			
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	tion, enter change(s) here: (Attach ad	unional sheets, if necessary.)
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n effective date is listed, the date mu	ock does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
record specifies a delaye The 90th day after the rec		ve time, at 12:01 a.m. on the earlier
ted April 8	2016	
Susan	Signature of a member or authorized represent	April 8, 2016 native of a member
Susan Yarab		

Page 3 of 3

Filing Fee: \$25.00