117000083108

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| . (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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U8/23/17--010U7--822 **80.00



K. SALY JUN 27 2017

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Florida Sunnylife LLC Name of Umited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Sara N Lin Name of Person |
| |
| Firm/Company |
| 4437 Bridgewater Dr. |
| Orlando FZ. 32817 City/State and Zip Code |
| Sung lifea Agent Qgood Cover E-mail address (to booked for future annual report notification) |
| For further information concerning this matter, please call: |
| Sara N Lin at (487) 274 - 7530 Name of Person at (487) Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee |

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

PILED

18 LLAHASSFE, FLORIDE

Zip Code

| Florida Sunnillite LLC MILLANDER 100 |
|--|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| he Articles of Organization for this Limited Liability Company were filed on $\frac{4.13.17}{4.13.17}$ and assigned forida document number $\frac{L17000083108}{4.13.17}$ |
| his amendment is submitted to amend the following: |
| . If amending name, enter the new name of the limited liability company here: |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: |
| Principal office address MUST BE A STREET ADDRESS) |
| |
| nter new mailing address, if applicable: |
| Mailing address MAY BE A POST OFFICE BOX) |
| |
| i. If amending the registered agent and/or registered office address on our records, <u>enter the name of the registered agent and/or the new registered office address here</u> ; |
| Name of New Registered Agent: |
| New Registered Office Address: |
| Enter Florida street address |
| Florida |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: No change MGR = Manager AMBR = Authorized Member Type of Action Title □ Add _□ Remove _□ Change _□ Add _□ Remove Change _☐ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added

| | 2011 JUN 23 PM |
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| | |
| Note. | tive date, if other than the date of filing: |
| | ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ e 90th day after the record is filed. |
| Date | 1 6/20 . 2017. |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member Sara N Lin |

Page 3 of 3

Filing Fee: \$25.00