

L17000150438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

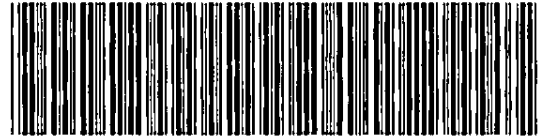
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MAR 21 2022

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2022 MAR 10 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FL 323

LAW OFFICES
JOHN P. WILKES

Professional Association
SUITE 101A

901 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE, FLORIDA 33316
EMAIL: JWILKES@JPWPA.COM

TELEPHONE: (954) 467-9200

FACSIMILE: (954) 467-650

March 8, 2022

Via Federal Express:

DEPARTMENT OF STATE
Division of Corporations
Registration Section
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: Corporation: Sunny Condos LLC
Document Number: L17000150438
Articles of Amendment to Articles of Incorporation

Dear Sir or Madam:

Enclosed please find a copy of the Cover Letter and Articles of Amendment to Articles of Organization to be filed with the Secretary of State, along with the enclosed check made payable to Florida Department of State in the amount of Twenty-five and 00/100 (\$25.00) Dollars to cover the filing fee. Kindly amend your records accordingly.

For further information concerning this matter, you may contact me at the above referenced address, phone number and/or by e-mail. Thank you for your continued assistance. If you should have any questions regarding the above, please do not hesitate to contact the undersigned.

Sincerely,

John P. Wilkes

JOHN P. WILKES

COVER LETTER

TO: Registration Section
Division of Corporations

Sunny Condos LLC
SUBJECT: _____

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:

John P. Wilkes

Name of Person

Law Offices of John P. Wilkes, P.A.

Firm/Company

901 S. Federal Hwy, Suite 101A

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

jwilkes@jpwpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAR 10 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FL

Sunny Condos LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/13/2017 and assigned
Florida document number L17000150438.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9 Bonita Bay Drive

St. Augustine, Florida 32084

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9 Bonita Bay Drive

St. Augustine, Florida 32084

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Peter Easton

New Registered Office Address:

9 Bonita Bay Drive

Enter Florida street address

St. Augustine

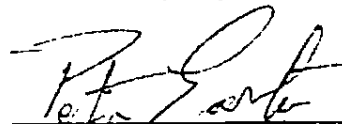
City

Florida 32084

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Petrina J. Easton	126 SE 26th Avenue	<input type="checkbox"/> Add
		Boynton Beach, FL 33435	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Peter Easton	9 Bonita Bay Drive	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Peter Easton
Signature of a member or authorized representative of a member

PETER EASTON
Typed or printed name of signer

Filing Fee: \$25.00