

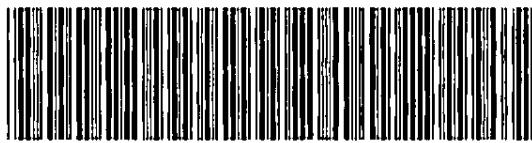
117000150438

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)



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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

LAW OFFICES  
**JOHN P. WILKES**  
Professional Association  
SUITE 101A  
901 SOUTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FLORIDA 33316  
TELEPHONE: (954) 467-9200      EMAIL: [JWILKES@JPWPA.COM](mailto:JWILKES@JPWPA.COM)      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

**SUBJECT:** Sunny Condos 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:

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@jpwp.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:

\$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT      **FILED**  
TO  
ARTICLES OF ORGANIZATION, *2022 MAR 10 PM 12:20*  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLA.

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: 9 Bonita Bay Drive  
*(Principal office address MUST BE A STREET ADDRESS)* St. Augustine, Florida 32084

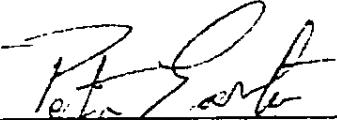
Enter new mailing address, if applicable: 9 Bonita Bay Drive  
*(Mailing address MAY BE A POST OFFICE BOX)* St. Augustine, Florida 32084

**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 Florida 32084  
*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 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 Boynton Beach, FL 33435	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Peter Easton	9 Bonita Bay Drive St. Augustine, FL 32084	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated December

2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**