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COVER LETTER

SUBJECT. SUN	NY OLMUE Name of Lim	L.L.C.	,
SUBJECT: O O 1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Myriam D	ELFINA MARIN Name of Person	PATINOFF
		Firm/Company	
٠.	1128 TYLE	ER STREET Address	
	Hollywood	City/State and Zip Code	3019
	MURIAM MAR E-mail address: (to be used for future/annual report notifi	OM cation)
For further information c	oncerning this matter, please ca	all:	
		at ()	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

SUNNY OL	MUE L.L.C	<u> </u>
	ty Company as it now appears on o Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 170000 2620	Company were filed on $02/$	$\frac{101/2017}{\text{and assigned}}$
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1
		(
B. If amending the registered agent and/or registered	d office address on our record	ds, enter the name of the new registered
agent and/or the new registered office address here:		65 47
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	rout address
	Emer r torida si	
	City	Florida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MONICA RODRIGUEZ	1128 TYLER St.	= Add
		Hollywood, FL.	□Remove
		33019	□ Change
MGR	DODRIGO ALIAGA	1128 TYLER St.	≅ Add
		Holly WOOD, FL.	□Remove
		33019	
			□Add
			□Remove
			□ Change
			□Add
			🗀 Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change

	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(Effective date, if other than the date of filing:
	e 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 ed is filed.
	Dated FEBRUARY 12. 2021. Signature of a member or authorized representative of a member
	Inview K.
	MYRIAM DELFINA MARIN RATINOFF Typed or printed name of signee