

LB000055587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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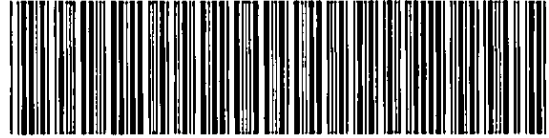
(Business Entity Name)

(Document Number)

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06/20/18--01001--030 **60.00

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 20 AM 8:25

N COOPER

JUN 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunny Road Productions
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:

Chalyce Macoskey
Name of Person

Sunny Road Productions
Firm/Company

807 Lucille Ave
Address

Nokomis FL - 34275
City/State and Zip Code

Wisdombynature@gmail.com
E-mail address: (to be used for future annual report notification)

Wisdombynature
For further information concerning this matter, please call:

Chalyce Macoskey at (303) 601-8760
Name of Person 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/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 Road Productions

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

STATE OF FLORIDA
DIVISION OF CORPORATION
18 JUN 20 AM 8:26

The Articles of Organization for this Limited Liability Company were filed on March 2 2018 and assigned
Florida document number L18000055587

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)

807 Lucille Ave
Nokomis FL 34275

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

807 Lucille Ave
Nokomis FL 34275

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:

Chalyce Macoskey

New Registered Office Address:

807 Lucille Ave

Enter Florida street address

Nokomis, Florida 34275
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.

Chalyce Macoskey
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>
Ms	Carla Giampaglia	520 N River Road	<input type="checkbox"/> Add
		Venice FL 334293	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

100-443611
SECRETARY OF DEFENSE
DIVISION OF INFORMATION

18 JUN 20 AM 8:25

E. Effective date, if other than the date of filing: 6-18-2018 (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 6-18-2018, 3:53pm
June 18th 2018

Authorized representative of a member

Signature of a member or authorized representative of a member

Chalyce Macoskey
Typed or printed name of signee

Typed or printed name of signee