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SECRETARY OF STATE

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COVER LETTER

	tration Section on of Corporations	។ ខេត្ត	an Korphythere	•			
SUBJECT: ♀	Junay Dalp Tr	Name of Limit	and X O i	Pe LIC			
The enclosed A	rticles of Amendment and	l fee(s) are subn	nitted for filing.				
Please return al	l correspondence concern	ing this matter to	o the following:	;			
	Stello	Garci	Name of Pe	· -	···		
	Sunni	Days	Firm/Com	oanv		··· · · · · · · · · · · · · · · · · ·	
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	Snoot	COUZ	LC 6 10 be used for futur	re annual report no	OM tification)		
For further infor	mation concerning this m	atter, please cal	1:		. •		
Stella	Name of Person	· ·	at (812 Area C	ode Daytin	ne Telepho	ne Number	•
Enclosed is a ch	eck for the following amo	wint:					
☑ \$25.00 Filin		ing Fee & e of Status	Certified (additional of			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
	Address: tration Section			Street Address: Registration Se	ection		
Divisi	on of Corporations		I	Division of Co	rporation		
	Box 6327			The Centre of			
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunny Dayz Tree and L (Name of the Limited Liability Compar (A Florida Limited L.)	and scape LLC ny as it now appears on our records.) iability Company)	-
The Articles of Organization for this Limited Liability Company Florida document number <u>U18000145798</u>	were filed on 10 13 18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	Z LLC	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Name of New Registered Agent:		EFERNIE D
New Registered Office Address:	Enter Florida street address	100 : 05 : 05 : 05 : 05 : 05 : 05 : 05 :
	, Florid	a
	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.

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being agged r removed from our records:

1GR = Ma	anager	•		: :	4.,	 ; ,	. •.
AMBR = At	thorized Member						

<u> </u>	Name	Address	Type of Action
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Note	tive date, if other than the date of filing:
f the rece ecord is	ord 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 filed.
Date	November 15t 2022
	Signature of a member or authorized representative of a member
	Stella Cjarcia Typed or printed name of signee