L19000097359

(Red	questor's Name)	
(Add	dress)	-
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

	gistration Sec vision of Corp				
eud iec'e.	Sunny Sumi	mer LLC			
SUBJECT:		Name of Lim	ited Liability Company	<u> </u>	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Jason Sizemore			77
			Name of Person		<u></u>
		Law Office of Sam J. Saad	1111		
			Firm/Company	-	
		2670 Airport Road S			() ()
			Address		• -
		Naples, FL 34112			
		officemanager@saadlegal.c	City/State and Zip Code		
		E-mail address: (to be used for future annual report notific	cation)	
For further i	nformation co	oncerning this matter, please ca	all:		
Jason Sizem			239 963-1635 at ()		_
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.001	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Cop- tadditional copy	Status & y

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

Snny Summer LLC		
(<u>Nume of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000097359	were filed on 04/08/2019	and assigned
This amendment is submitted to amend the following:		دع.
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation,"11C."
Enter new principal offices address, if applicable:	380 Bunker Hill Street, Unit 301	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Charlestown MA 02129	7 (g)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	380 Bunker Hill Street, Unit 301 Charlestown MA 02129	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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>	Address	Type of Action
MGR	Shamim Ruff	380 Bunker Hill Street, Unit 301	
		Charlestown MA 02129	
			□ Remove
	D1 31: 111 D . 05		Change
MGR	Philip W Ruff	380 Bunker Hill Street, Unit 301	—
		Charlestown MA 02129	
		Charlestown MA 02129	Remove
			£~2
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ctive date, if other than the effective date is listed, the date must	date of filing:	ior to date of filing or m	(option	ial)
e: If the date inserted in this blument's effective date on the Do	ock does not meet the app	licable statutory filing	g requirements, this	date will not be listed
	partition of parties a record	.		
ecord specifies a delayed ne 90th day after the reco	effective date, but rord is filed.	not an effective t	ime, at 12:01 a.	m. on the earlier
d May 21	2019			
		1111		
		111-111		

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Typed or printed name of signee

Filing Fee: \$25.00