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SECRELARY OF STATE

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COVER LETTER

SUBJECT: SUNDY REALTY L. C. 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:	
Secretary St. Hell Name of Person	
Sunay Realty L.L.	
613 NW 2nd Aldress	
Hallandale Beach FL 33009 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sarsico Si Hill at (404) 937 1434 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee & \Bigcup \$60	Status &

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 REALTY L	L.C
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L1900144691</u> .	ed on $\frac{5/29/2519}{}$ and assign
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	19 St
	<u> </u>
	25 T
Enter new mailing address, if applicable:	102 - I
Mailing address MAY BE A POST OFFICE BOX)	
	ORIAL CRIME
	
B. If amending the registered agent and/or registered office address here:	dress on our records, enter the name of t
Nama of Naw Bonist and A	
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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with anaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 bei or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	Sergia St. Hill	613 NW Znd Ave, Halladales	Fl 3500° Sack BAdd
			Remov
			Change
AMBR	Sergio Sittal	613 N.) 2nd Ack. Hallandolo B.	(-(33c-5 ech ØAdd
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Note: If the date inserted in this block does not meet document's effective date on the Department of State' he record specifies a delayed effective date	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the applicable statutory filing requirements, this date will not be lister's records.
) The 90th day after the record is filed.	
Dated	
Signature of a mem	ber or authorized representative of a member
	S7 H1 LL ped or printed name of signee

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

Page 3 of 3

Filing Fee: \$25.00