## L20000100832

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	_
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	<u> </u>
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	
L		

Office Use Only



000343413390

04/27/20--01019--019 \*\*25.00

27 11: 9:21



## **COVER LETTER**

	egistration Se ivision of Cor			o *
oup wea	. SUNNY LO			9
SUBJECT	·	Name of Lim	ited Liability Company	r
The condition	oul Amioles of	Annual court and foot of area orth	mitted for filing	
		NIA WININD A MADAI		
			Name of Person	
		FILEYOURBUSINESS.C		
			Firm/Company	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  ess: on Section of Corporations e of Tallahassee
		6736 DUVAL AVENUE		
			Address	
		NAVINDRA MARAJ  Name of Limited Liability Company  Name of Amendment and fee(s) are submitted for filing, correspondence concerning this matter to the following:  NAVINDRA MARAJ  Name of Person  FILEYOURBUSINESS.COM, INC.  Firm/Company  6736 DUVAL AVENUE  Address  WEST PALM BEACH, FLORIDA 33411  City/State and Zip Code  ORDERS@FILEYOURBUSINESS.COM  E-mail address: (to be used for future annual report notification)  mattion concerning this matter, please call:  ARAJ  Name of Person  Area Code  Daytime Telephone Number  2555.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  2Address:  tration Section  on of Corporations  Name of Corporations		
	Name of Person  FILEYOURBUSINESS.COM, INC.  Firm/Company  6736 DUVAL AVENUE  Address  WEST PALM BEACH, FLORIDA 33411  City/State and Zip Code  ORDERS@FILEYOURBUSINESS.COM  E-mail address: (to be used for future annual report notification)  r further information concerning this matter, please call:  AVINDRA MARAI  S61  Area Code  Daytime Telephone Number			
Firm/Company  6736 DUVAL AVENUE  Address  WEST PALM BEACH, FLORIDA 33411  City/State and Zip Code  ORDERS@FILEYOURBUSINESS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  NAVINDRA MARAJ  561 708-5690  at ( )				
For further	information c	oncerning this matter, please c	all:	
NAVINDI	RA MARAJ			
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	s a check for th	ne following amount:		
€ \$25.00	) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	lailing Addres			ection
Division of Corporations P.O. Box 6327			-	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2021 - 27 7" 9:21

SUNNY LODGE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/10/2020}{1}$ and assigned Florida document number \_\_\_\_\_\_L20000100832 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 "L.L.C." or 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 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_

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>	Type of Action
MGR	YVETTE SIMMONS	754 GREENHILL LANE	<b>=</b> Add
		GRAND PRAIRIE, TX 75052	□Remove
			🗆 Add
			□Remove
		<del></del>	□Change
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change

		_
		_
		_
		_
		_
		_
		_
<del></del>		_
		_
		_
Difference dute if other than the	date of filing.	
(If an effective date is listed, the date mu  Note: If the date inserted in this b document's effective date on the f	date of filing:	605,0207 ( isted as tl
he record specifies a delayed effection or distilled.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
Dated APRIL 21	. 2020	
Docusigned by:		
	Signature of a member or authorized representative of a member	
DAVID A SIMMONS		
··	Typed or printed name of signee	

Filing Fee: \$25.00