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COVER LETTER

TO: Registration Se Division of Cor					
Sunny Sign	ings, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Andrea Castelli				
		Name of Person			
	Sunny Signings, LLC				
		Firm/Company			
	10012 Prevatt Street				
		Address			
	Gibsonton, FL 33534				
		City/State and Zip Code			
	services@sunnysignings.co.	m to be used for future annual report notificatio	<u> </u>	/ · · · · · ·	
For further information c	concerning this matter, please co	·	,	122 FEI	12
Andrea Castelli		352 361-1978		22 22	ور د مصید و د
Name o	f Person	at () Area Code Daytime Tele	phone Number		
Enclosed is a check for the	he following amount:			1 ENT	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunny Signings, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
ne Articles of Organization for this Limited Liability Comparorida document number $\frac{1.20000383032}{1.20000383032}$.	ny were filed on 12/08/2020	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
ulali, LLC		
e new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
	-	
nter new mailing address, if applicable:		
• •		
Aailing address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or registered office ent and/or the new registered office address here:	e address on our records, enter the na	me of the new regist
Name of New Registered Agent:		33 13
New Registered Office Address:		ALL:
New registered Office Address.	Enter Florida street address, Florida	7-7
	, Florida _	Zip Code
	Cui	The code
ew Registered Agent's Signature, if changing Registered Agen		• • • • • • • • • • • • • • • • • • • •

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 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 Title Name | **Address Type of Action** _____ □Remove _____ □Change _____ □Remove Remove ्_{सि}्⊟∨**ब्**बे __ 🗆 Remove ____ □Add □Remove _____ □Change

Effective date, if other than the date of filing: [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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records. The 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. Dated February 11th 2022 Manual Laster Signature of a member or authorized representative of a member	-									
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Filing Fee: \$25.00