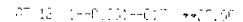
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration S Division of Co			
SUNNY A	ATM LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
	pondence concerning this matter	_	
	SERGIO ST HILL		
		Name of Person	Tables .
	SUNNY ATM LLC		
		Firm/Company	
	4617 SW ULSTER ST		
		Address	
	PORT SAINT LUCIE FL	34953	
		City/State and Zip Code	
	sergioasthill@gmail.com		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report n	otification)
SERGIO ST HILL	Total Control of Process	404 9321434	
	of Person	at ()	ime Telephone Number
		·	·
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration S	Section
	Corporations	Division of C	
D () D (2		771 (7	CTP 11 1

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNNY ATM LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·
he Articles of Organization for this Limited Liability Company	were filed on JUNE 28TH 2021	and assigned
lorida document number L21000296453		-
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
UNNY LINES LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "L.L.C."
nter new principal offices address, if applicable:	4617 SW ULSTER ST	
Principal office address MUST BE A STREET ADDRESS)	PORT SAINT LUCIE FL 34953	
nter new mailing address, if applicable:	4617 SW ULSTER ST	
Mailing address MAY BE A POST OFFICE BOX)	PORT SAINT LUCIE FL 34953	~.3
		17.3
		-
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new regi
		TO
Name of New Registered Agent:		-
New Registered Office Address:		C.:
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 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
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
		 	□Add
			□Remove
			□Change
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Signature of a member or authorized representative of a member					
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SERGIO ST HILL Typed or printed name of signee	SEKUIO ST HILL				