

121 000348654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

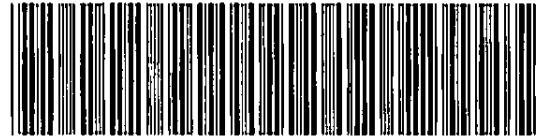
(Business Entity Name)

(Document Number)

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2021 OCT 13 PM 10:34

D. BRUCE
OCT 23 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNNYSIDE VILLAS VACATION HOMES & REALTY LLC

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:

FLAVIA F AZEVEDO

Name of Person

SUNNYSIDE VILLAS VACATION HOMES & REALTY LLC

Firm/Company

40 THRIVE ROAD, APT 101

Address

DAVENPORT, FLORIDA 33896

City/State and Zip Code

FLAVIAAZEVEDO775@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FLAVIA F AZEVEDO

Name of Person

863
at ()

Area Code

624-7146

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

2021 OCT 13 4:19:34
TALLAHASSEE
FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUNNYSIDE VILLAS VACATION HOMES & REALTY 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 08/03/2021 and assigned
Florida document number L21000348654.

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 "LLC" 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

_____, **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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JEAN M SANTOS	40 THRIVE ROAD	<input type="checkbox"/> Add
		BLDG 4, APT 101	<input type="checkbox"/> Remove
		DAVENPORT, FLORIDA 33896	<input checked="" type="checkbox"/> Change
MGRM	FLAVIA F AZEVEDO	40 THRIVE ROAD	<input checked="" type="checkbox"/> Add
		BLDG 4, APT 101	<input type="checkbox"/> Remove
		DAVENPORT, FLORIDA 33896	<input type="checkbox"/> Change
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ST. LOUIS
MO

2021 OCT 13 14:54

2021 OCT 13 PM 11:34

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Dated OCTOBER 8, 2021

Elaine Fernandes Azavedo
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00