(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000372327410

08/26/21--01913--005 **25.00

COVER LETTER

Division of Corporations	
UBJECT: Suny Lous Auto LC Name of Linkted Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Jodi R. Smith-Strickland Name of Person	
Sunny Days Auto LLC Find Company	
1430 Old Mims Rd.	
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Person at (407) 342-5240 A.ea Code Daytime Telephone Number	_
nclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Fee S60.00 Filin	Status &

Mailing Address:

TO:

Registration Section

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 FILED

2021 AUG 26 AM 4: 42

J	(A Nortda Limited Liability Company) TALL ATTASSEE (T.L.C)
The Articles of Organization for this Limited L Florida document number <u>L2100037</u> U	iability Company were filed on 8-23-21 and assigned 2537.
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office address on our records, <u>enter the name of the new register</u> ss here:
Name of New Registered Agent:	Jodi R. Smith-Strickland
New Registered Office Address:	1430 Old Mins Rd. Enter Florida street address
	Geneva Florida 32732 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 addedor removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

Address Type of Action

Title J Name	Address	Type of Action
AMBR Jodi R Smith-Strickland		□Add
		□Remove
	1430 Old Minus 101. Geneva, PL 32732	(Change
MGR Ryan Lane Strickbood	1430 Old Mims Rd. Geneva FL 32732	XÂdd
		□Remove
		□Change
		Remove
		□Change
		🗆 Add
		□Remove
		□Change
		□Add
		□Remove
		Change
		□Add
		□Remove
		□Change

<u></u>	
***	······································
1	
-	
(If an effective Note: If t	date, if other than the date of filing:
he record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Aug 24 . 2021.
	Signature of a member of a member