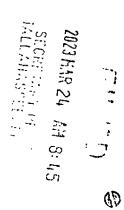
L21000400311

(Re	equestor's Name)
(Ac	daress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(De	ocument Number)
Fed Copies	Certificates of Status
evel Instructions to Fili	ing Officer:
	J. HORNE
	MAR 2 7 2023
 	

Office Use Only



200405302382





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SUNNY SIDE RV LLC	1
Please Debit I20000000257 For: 25	
Thank you Seth Neeley	
146/	1
Ally	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature /	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name of the state	UCC 11 Search
Name Date Time	UCC II Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

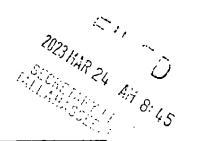
TO: Registration Section Division of Corporations	
SUBJECT: Sunny Side RV LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
5+evie Cooper Name of Person	
Sunny Side RV LLC.	
151 SOUTH BGY 5+	
EUSTIS FL 32726	
City/State and Zip Code G Gma. 1. Com Sun 15 de RV 15 (Com E-mail address: (to be used for future annual report notification)	
Synny Side RV 1516 Gmail. Com For further information concerning this matter, please call:	
Steve (ooper at (407) 280-0683 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as It now appears on our records.)

(A Florida Limited Liability Company)

(A)	Florida Limited Liability Company)	-	
The Articles of Organization for this Limited Liabi Florida document number <u>L2/000</u> 40	lity Company were filed on _ 0037/	3-23-2023	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company h	erę:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the	designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
_		, Florida	ip Code
	City	Z	ip 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 Type of Action Address Name Title AMBR Christian Johnson 1206 Brentwood Dr. Clernan WADD □ Remove ☐ Change □ Add _□ Remove ___ Change _□ ∧dd ☐ Remove Change ____ Remove □ Change _□ ∧dd _□ Remove _____ Cliange

☐ Change

_____ Remove

•	
ll an el <u>Note:</u>	(optional) fective date, if other than the date of filing: fective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
)ated	03/23/23
uwu	,
	/ / / in-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25,00