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O SIMMONS SEP 29 2021

COVER LETTER

Division of Corp	orations		
SUBJECT: 5	Unny Day	S ABA LLC	
	, value of tyron	t company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
'	Č	-	
	Dailyr	F. Carreras	<u>S</u>
	Sunr	Y Day's ABA	
		Firm/Company	
	WIN OFFY	17301 of Ant H	740
	0000 1900	173rd St Apt #	
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For further information co	ncerning this matter, please ca		
	-		
Dailyn F	Carreras	at (786) 551-5 Area Code Daytime Telep	105
Name of	Person	Area Code Daytime Telep	ohone Number
Enclosed is a check for the	following amount:		
1	□ \$30.00 Filing Fee &	□ 655 00 Ultima Com 6	T 600 00 Filler Pro-
36 323.00 Filling Fee	Certificate of Status	☐ \$55.00 Filing Fee & [Certified Copy	S60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(

TO:

Registration Section

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 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 通到 ST 20 PH 5

				ver any	11 2:12
(Name of the Dimited Liability (A Florida	y Company Limited Lie	ABA y as it now app ability Company	cars on our r	ccords.)	. 1
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2 000 40</u> 0	ompany w	vere filed on .			and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liabil	ity company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limi	ited Liabilli	y Company," th	e designation	"LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDR	(ESS)				
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	f office ac	idress on our	r records, <u>c</u>	nter the nan	ie of the new register
Name of New Registered Agent:					
New Registered Office Address:		Enter F		uddress	
				Florida	
	,	Cuy			Zip Code
New Registered Agent's Signature, if changing Registered	d 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

Tide MGR	Name Dailyn Carreras	Address 6220 NW17310 St	Type of Action
·		APT#740 Highean, Fl	□Remove
		33015	□Change
		<u>. </u>	
			Change Add Remove Change
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Note:	ive date, if other than the date of filing:
If the recor record is fil	d 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 ed.
Dated	Signature of a member of authorized representative of a member
	DCILYN CAYYEVAS Typed or primed name of signee

• • • • •

Filing Fee: \$25.00