121000433297

| (Re | equestor's Name) | |
|-------------------------|-----------------------|-----------|
| | | |
| (Ac | ddress) | |
| | | |
| (Ac | ddress) | |
| () | , | |
| (6: | - /Charles (7) - (17) | 40 |
| (CI | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | usiness Entity Name | e) |
| | | |
| (Do | ocument Number) | |
| ` | , | |
| Cartified Conies | Cortificator | of Status |
| Certified Copies | _ Certificates | or Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000389425530

06/13/22--01016--024 **80.00

SECRETAIN OF STAFF

COVER LETTER

| | sion of Corp | | | t |
|----------------------|--|--|--|---|
| cubica. | Sunny Spark | ry Properties, LLC | | |
| SUBJECT | | Name of Limi | ted Liability Company | |
| | | | | |
| The enclosed | Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | ali correspor | ndence concerning this matter | to the following: | |
| | | Joaquim E. Brito | | |
| | | | Name of Person | |
| | | Sunny Sparky Properties, L | LLC | |
| | | ···· | Firm/Company | |
| | | Name of Person Sunny Sparky Properties, LLC Firm/Company 435 23rd Street Address St Petersburg, FL 33713 City/State and Zip Code sunnysparkypropertieslle@gmail.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: 1 | | |
| | | | Address | |
| | | St Petersburg, FL 33713 | | |
| | | | • | |
| | | | | ication) |
| For further in | nformation co | | | |
| , ot Joaquim E. E | 3r i to | | | |
| | Name of | | at () Area Code Daytime | : Telephone Number |
| ١. | | | | |
| Enclosed is a | check for th | e following amount: | | |
| □ \$25.00 F | Filing Fee | | Certified Copy | Certificate of Status & |
| Reg Div P.C | iling Addres gistration S vision of C D. Box 632 Hahassee, I | Section Torporations 7 | Registration Sec Division of Cor The Centre of T | porations fallahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 13 AM 11: 45

| Sunny Sparky Properties, LLC | | | 51.0. |
|---|---|--------------------------------------|------------------------------|
| (Name of the Limi | ted Liability Company as it now (A Florida Limited Liability Con | r appears on our records.) upany) | TALLAHASSEE, FL |
| The Articles of Organization for this Limited L Florida document number 1.21000433297 | iability Company were filed | on October 4, 2021 | and assigned |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name of | f the limited liability comp | nany here: | |
| The new name must be distinguishable and contain the v | vords "Limited Liability Compan | y," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applie | able: | . <u>-</u> | |
| (Principal office address MUST BE A STREE | ET 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 agent and/or the new registered office addresses | | n our records, <u>enter th</u> | e name of the new registered |
| Name of New Registered Agent: | Joaquini E. Billo | *** | |
| New Registered Office Address: | 435 23rd St | nier Florida street address | |
| | | | 33713 |
| | St Petersburg City | , Flori | da Zip Code |
| | · | | |

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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> Zitle</u> | <u>Name</u> | Address | Type of Action |
|---------------|------------------|--|-----------------|
| AMBR | Joaquim E. Brito | 435 23rd St, St Petersburg, Fl. 33713 | ■Add |
| C() | | | □ Remove |
| | | | □ Change |
| MGR | Diane Brito | 516 Quinnipiac Ave., North Haven, CT 06473 | □Add |
| | | | = Remove |
| | | | □ Change |
| | | | □ Add |
| | | | □Remove |
| 11. d. 11. | | | □Change |
| By. | | | 🗆 Add |
| * | | | □Remove |
| | | | □Change |
| | | | 🗀 Add |
| | | | Remove |
| | | | |
| | | | □Add |
| - | | <u>*</u> | 🗀 Remove |
| | | | □ Change |

| | | · <u>-</u> | | | | | | |
|----------------------------------|--|------------------------------------|---------------------------------|------------------|-----------------|-------------------|--------------------|-------------------------|
| | | | | | | | | |
| | | | | | _ | | | |
| | | | | ·. | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | · | |
| | | | | | | | is c | 277 E |
| | | | | | | | | \frac{1}{2 . |
| | | | | | | | T. D. | _w_ } |
| | | | | | | | <u> </u> | AM 11: 45 |
| | | , | | | | | بران <u>سان</u> | |
| | | | | | | | , | . ഗ |
| | | | | | | · | | |
| | | | | | | | | |
| an effectiv <u>ote:</u> If th | date, if other that re date is listed, the da ne date inserted in t s effective date on | e must be specif iis block does | ic and cannot b not meet the | applicable sta | | than 90 days afte | | |
| is filed. | ecifies a delayed ef | | | | | | | day after th |
| ated | 5/26/ | <u> </u> | | | | | | |
| | 5/26/ | Signature | of a member of | or authorized re | oresentative of | a member | | |
| | | | | | | | | |

. F. .