L210004442995

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PICK-UP WA	AIT MAIL
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Division of Co		•	•
L&B PRO	GENY LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	LIBERTY BAKER		
	 -	Name of Person	
		Firm/Company	
	4220 NW 20TH DR		
		Address	
	GAINESVILLE, FL 3260	05	
		City/State and Zip Code	
	sunnydwellings@gmail.cor E-mail address: (n to be used for future annual report no	tification)
For further information (concerning this matter, please c	-	
LIBERTY BAKER		786 338-1847	
	of Person	at () Area Code Dayti	ma Talanhana Numbar
Name	or retson	Mea Code Dayn	me reiepnone symmoer
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	
P.O. Box 63.	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

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

L&B PROGENY LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) red Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on OCTOBER 11, 2021	and assigned
Florida document number L21000444295		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
SUNNY DWELLINGS LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		<u>-</u>
		202 SE
Enter new mailing address, if applicable:		2022 NO SECRE
(Mailing address MAY BE A POST OFFICE BON)		17 × 2
	-	77 2 2
	-	E S S
B. If amending the registered agent and/or registered office	ce address on our records, <u>enter the nan</u>	ne of the new registered
agent and/or the new registered office address here:		TE 7
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.

Zip Code

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>	Address	Type of Action
AMBR	BARUCH DAAR	4220 NW 20TH DR, GAINESVILLE, FL 32605	= Add
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ective date, if other than the d	ate of filing:		(ontional)
ective date, if other than the di- effective date is listed, the date must b	e specific and cannot be prior to di	ate of filing or more than 90 da	ivs after filing.) Pursuant to 605.02
e: If the date inserted in this bloc ument's effective date on the Dep	c does not meet the applicable irtment of State's records.	statutory filing requiremen	ats, this date will not be listed
cord specifies a delayed effective o	ate, but not an effective time.	at 12:01 a.m. on the earlie	r of: (b) The 90th day after th
s filed.			
NOVEMBER 19	2022		
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ed NOVEMBER 19 Liberty (1. Baker gnature of a member or authorized	d representative of a member	