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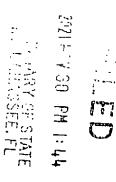
(Requestor's Name)
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COVER LETTER

TO:	Registration Se Division of Cor					
		CY FINANCIAL, LLC				
SUBJI	Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		PRADIP PATEL				
			Name of Person			
			Firm/Company			
		13114 WILSHIRE RUN C	Т			
			Address			
		ORLANDO, FL 32828				
			City/State and Zip Code			
		TINOPATEL@HOTMAIL	.COM to be used for future annual repor	a putification)		
For fur	ther information c	oncerning this matter, please ca	·	Chouncation		
PRAD	IP PATEL		407 579-505			
	Name o	f Person	Area Code D	aytime Telephone Number		
Enclos	ed is a check for th	ne following amount:				
≡ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNNY SKY FINANCIAL, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co Florida document number L21000489133	ompany were filed on 11/15/2021	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "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)		2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	, Fibi	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 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
MGR	CHRISTOPHER DERING	5829 LABELLE STREET	□Add
		ORLANDO, FL 32809	■Remove
		******	□Change
AMBR	KAUSHIKA PATEL, AS Co Trustee	13114 WILSHIRE RUN CT	≣ Add
		ORLANDO, FL 32808	□Remove
			Change
			□Add
			□ Remove
			□ Change
		·	□Add
			□Remove
			□ Change
			□ Add
			□Remove
	,		□Change
			□Add

_____ □Remove

f am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff <u>ote:</u>	ive date, if other than the date of filing: (optional) ective 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 ent's effective date on the Department of State's records.
ecor 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 led.
ited	11-23, 2021 Pali Palet Significant of a member of a whorized convention of a member.
	Signature of a member or authorized representative of a member
	signature of a memoer of audiotized representance of a member
	PRADIP PATEL Typed or printed name of signee