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COVER LETTER

	Registration Se Division of Co				
		EE PROPERTIES, ELC	E PROPERTIES, LLC		
SUBJEC	l: <u></u>	Name of Lim	Name of Limited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	urn all correspo	ondence concerning this matter	to the following:		
		DAVID GARCIA			
			Name of Person		
		DG ADVISORS			
		•	Firm/Company		
	1430 S. DIXIE HWY SUITE 310				
	Address				
		CORAL GABLES, FL 33130			
		City/State and Zip Code			
		DGARCIA@DGADVISOI			
		E-mail address: (to be used for future annual report notification)		
For furthe	r information c	oncerning this matter, please c	ali:		
David Ga	rcia		786 208-2536		
	Name o	f Person	Area Code Daytime Telephone	Number	
Enclosed i	s a check for the	ne following amount:			
≘ \$ 25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	60.00 Filing Fee, fertificate of Status & fertified Copy additional copy is enclosed)	
	Tailing Address		Street Address:		
	Registration S Division of C		Registration Section Division of Corporations		
p	O. Box 632	.7	The Centre of Tallahasse		
Ţ	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNNY BEE PROPERTIES, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 10, 2022	and assigned
Florida document number L22000082800	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	2022 (SEC)
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb	reviation "CR.C."
Enter new principal offices address, if applicable:	12 T
(Principal office address MUST BE A STREET ADDRESS)	PH
	ES S
Enter new mailing address, if applicable:	57 ATE
(Muiling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florida	Zip Code
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if I	niliar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STEPHANIE CAMPBELL	1000 MCKNIGHT PARK DRIVE SUITE 1006A	□Add
		PITTSBURGH, PA 15237	■Remove
			□Change
			□Add
			□ Remove
			□Change
			DAdd
			□Remove
			Change
			🗆 Add -
			□Remove
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			Change

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inea.	to 605.020 e listed as	(optional) 190 days after filing.) Pursuant to 6 rements, this date will not be li					
November 30th 2022	after the	earlier of: (b) The 90th day af	ve time, at 12:01 a.m	. but not an effe	ed effective date.	ecifies a delayer	ecord sp is filed.
WA A			22	30H, 2	mber 3	Nove	ted
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Signature of a member or authorized representative of a member	-	mber	uthorized representativ	or a member	Signau		
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