422 000112817

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE |
| APR 1 6 2022 |
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SECRETARY OF STATE
TALL AMASSEF, FLORE

COVER LETTER

TO: Registration Section

| Division of Cor | porations | | |
|--|---|---|---|
| | dreams, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Susan K. Flynn, Esq. | | |
| | · | Name of Person | |
| | Bon Eau Enterprises, LLC | | |
| | | Firm/Company | |
| | 1767 Lakewood Ranch Blo | vd., #304 | |
| | | Address | ************************************** |
| | Lakewood Ranch, FL 342 | 211 | |
| | | City/State and Zip Code | |
| | skf@beellc.net | | <u></u> |
| | | to be used for future annual report no | tification) |
| For further information c | concerning this matter, please co | all: | |
| Susan K. Flynn | | 941 350-1294 at () | |
| Name e | t Person | at () Area Code Daytir | ne Telephone Number |
| 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 (additional copy is enclosed) |
| Mailing Address Registration S Division of C | Section | Street Address: Registration So Division of Co | |
| P.O. Box 632 | 27 | The Centre of | Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monre | oc Street, Suite 810 |

Tallahassee, FL 32303

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

Sunny Daydreams, LLC

| (Name of the Limited Liability Compa (A Florida Limited) | Inv as it now appears on our records.) Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number L22000112817 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2 N. Tamiami Trail, Suite 604 |
| (Principal office address MUST BE A STREET ADDRESS) | Sarasota, FL 34236 |
| Enter new mailing address, if applicable: | PO Box 49108 |
| (Mailing address MAY BE A POST OFFICE BOX) | Sarasota, FL 34230 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| Now Degistered Agent's Signature if changing Degistered Agents | |

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 |
|--------------|-------------|-------------|----------------|
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| Effective date, if other than the date of fan effective date is listed, the date must be speci Note: If the date inserted in this block does document's effective date on the Department | fic and cannot be prior not meet the applic | r to date of cable stat | filing or more | than 90 days aft | tional) ter filing.) Purs his date will i | nuant to 605.0207 not be listed as |
| record specifies a delayed effective date, but is filed. | ut not an effective ti | ime, at 13 | 2:01 a.m. on t | the earlier of: | (b) The 90t | h day after the |
| Dated March 21 | 2022 | | | | | |
| Lunam K Jly | mm c of a member or such | orized to | receptative of | a member | | <u></u> |
| Signature | e or a memoer or autho | onized t e p | певенануе от | а истост | | |

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Filing Fee: \$25.00