

122000205923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

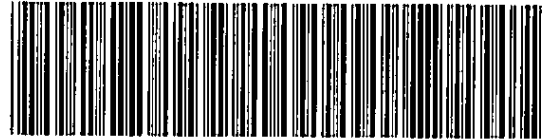
(Business Entity Name)

(Document Number)

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FLORIDA

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OCT 11 2022  
S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunny Day Express, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YIJIN GRAVLEE  
Name of Person  
Sunny Day Express, LLC  
Firm/Company  
10157 Granite Bay Dr  
Address  
ORLANDO, FL 32832  
City/State and Zip Code  
wangyijin623@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YIJIN Gravlee at (205) 907-8655  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 JUL 19 PM 2:50  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>Tomasz Chowaniec</u>	<u>261 Wishing Well Circle</u>	<input type="checkbox"/> Add
		<u>Palm Bay, FL 32908</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>YIXUAN Pasquarelli</u>	<u>3624 Vege Creek Dr</u>	<input type="checkbox"/> Add
		<u>St Cloud, FL 34772</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>Registered Agent</u>	<u>YIJIN Grawlee</u>	<u>10157 Granite Bay Dr</u>	<input checked="" type="checkbox"/> Add to AP
		<u>Orlando, FL 32832</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0203 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

Signature of a member

Signature of a member or authorized representative of a member

Thomas Chavarice  
authorized representative of a member

Lionel Groule

Yixuan Pasquarelli

Typed or printed name of signee

Tomasz Chowaniec

YIJIN GRAYLEE

**Filing Fee: \$25.00**