L22000335123

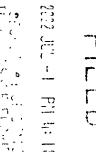
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700389921637

L. Mill III. - - • • £2.12



not

COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations			
	Sunny Day:	z Lawn Care and Pressure Was	shing LLC		
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed	Anicles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ıll correspo	ndence concerning this matter	to the following:		
		Stella Garcia			
			Name of Person		202 JUL - 1 PH 4: 18
			Firm/Company		
		3915 Harvest Lane			
			Address		
		Dade City, Florida 33523			- <u>-</u>
			City/State and Zip Code		_
		sunnydayzllc21@gmail.com			
		E-mail address: (to be used for future annual report noti-	fication)	
For further inf	formation co	oncerning this matter, please ca	all:		
Stella Garcia			813 469-7581 at ()		
	Name of	f Person		Telephone Numbe	r
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Regi	ing Addres istration S	Section	Street Address: Registration Sec		
	sion of C Box 632	orporations 7	Division of Cor The Centre of T	•	
	ahassee, I		2415 N. Monro Tallahassee, FL	e Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on May 23, 2022 Florida document number 1.22000238123 This amendment is submitted to amend the following:	and assigno
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
Sunny Dayz Property Maintenance LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C.
Inter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	; co

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 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>	Type of Action
AMBR	Stella Garcia	35915 Harvest Lane	= Add
		Dade City, Florida 33523	□ Remove
•			□Change
			□Add
			□Remove
			☐ Change
			☐ Remoye
			Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			☐ Remove

, ,
<u> </u>
<u> </u>
·
ursuant to 605. Il not be liste
0th day after