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COVER LETTER

E.*	n of Corporations					
SUBJECT:	Sunny size	Dental Name of Limited	Partners LLC	•		
The exclosed A	ticles of Amendment and fe	oo(s) am submi	tted for filing			
			-			
Please return all	correspondence concerning	this matter to	the following:		^ 3	
		Hai	Name of Person		2022 JUL 19 PM 12: 09	
			ide Rental Partners Firm/Company		9 7 12:	
	735 Ria	lgic Club	Drive, Melbourne F	L 32934	(a)	
		Melbour	16 H 3 Z 9 3 Y City/State and Zip Code			
			CCPW.CXIIO GMO			
For further infor	mation concerning this mat	ter, please call:				
Harr	/Scon Dig Z Nume of Person		at (<u>845</u>) <u>532</u> Area Code Daytim	- S 2 2 7 e Telephone Number		
Enclosed is a ch	eck for the following amou	nt:				
当 \$25.00 Filir	ng Fee	-	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
	<u>e Address:</u> tration Section		Street Address: Registration Sec	ction		
Divisi	on of Corporations		Division of Cor	porations		
P.O. F	3ox 6327		The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMMY SILC	Ren191 Partners LLC	
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>LZZOCO 7.74583</u> This amendment is submitted to amend the following	3	2 and assigned
A. If amending name, enter the new name of th	ted to amend the following: ter the new name of the limited liability company here: ishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." tes address, if applicable: MUST BE A STREET ADDRESS) ss, if applicable: EA POST OFFICE BOX) tered agent and/or registered office address on our records, enter the name of the new registered istered office address here:	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET	le: ADDRESS)	2022 July 19 PH 12
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u> </u>
agent and/or the new registered office address h	nere:	
Name of New Registered Agent:	Harrison W. DI12	
	Melbourn C. , Florida	32934
New Peristered Agent's Signature if changing Reg	•	7.1p Code

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>	Name	Address	Type of Action
AMBIZ	Harrison W. Dia Z	735 Ridge Club Dr. Ne, neibourne FL.	32984 TD Add
			□ Remove
			□Change
	 	-	□Add
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Effective date, if	other than the d	ate of filing:			(ontional)	
If an effective date is	listed, the date must be inserted in this blow	be specific and cannot does not meet to	ot be prior to date of f	iling or more than 90 day ory filing requiremen	s after filing.) Pursuant to this date will not b	to 605.0207
	ive date on the Dep			ory ming requirement	is, this date will not b	A HSICU AS
						
	i detayed effective	date, but not an et	fective time, at 12:	01 a.m. on the earlier	of: (b) The 90th day	y after the
ra is filed.	. / . 0					
rd is filed.) / / /		·			
	3166	 ,				
	SILL Also.	in DA	J			
Dated <u>O} / 1</u>	Mar.	ignature of a memb	gror authorized repre	sentative of a member		_

