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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

| | Name of Lim | ited Liability Company | | |
|----------------------------------|--|---|---|---------|
| The enclosed Articles of | `Amendment and fee(s) are sub | mitted for tiling. | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | |
| | JACQUELINE GONZALI | :Z | | |
| | | Name of Person | | |
| | A SUNNY SKIES SOLUT | TONS LLC | | |
| | | Firm/Company | | |
| | 1007 SANDHILL ST | | | |
| | | Address | | |
| | GROVELAND,FL 34736 | | | |
| | | City/State and Zip Code | | |
| | JACKIEG0602@GMAIL.C | | | |
| | E-mail address: (| to be used for future annual report notific | | |
| For further information of | concerning this matter, please ca | all: | SECRETAL A Telephone Number | Caga |
| JACQUELINE GONZA | LEZ | 201 424-6629 at () | ETA EP | Const |
| Name (| of Person | Area Code Daytime | | 17 |
| Enclosed is a check for t | he following amount: | | 9: + STAI S.F.I. | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fe Certificate of St Certified Copy (additional copy is | tatus & |

Mailing Address:

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A SUNNY SKIES SOLUTIONS LLC

| (Name of the Limi | ted Liability Company (A Florida Limited Liab | as it now appears on our r bility Company) | ecords.) | | | |
|--|--|---|--|--|--|--|
| The Articles of Organization for this Limited L. Florida document number L22000 377 | and assigned | | | | | |
| This amendment is submitted to amend the following | lowing: | | | | | |
| A. If amending name, enter the new name of | of the limited liabilit | y company here: | | | | |
| The new name must be distinguishable and contain the v | words "Limited Liability | Company," the designation | "LLC" or the abbrev | riation "L.L.C." | | |
| Enter new principal offices address, if applied | cable: | | TAL | 22 | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | —————————————————————————————————————— | D | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or a | - | draw on our records | SSEE STATE | the new registere | | |
| agent and/or the new registered office addre | | ress on our records, <u>c</u> | mer the name of | the new registeres | | |
| Name of New Registered Agent: | JACQUELINE GO | ONZALEZ | | | | |
| New Registered Office Address: | 1007 SANDHILL | ST | | | | |
| | Enter Florida street address | | | | | |
| | GR0VELAND | | Florida <u>34736</u> | | | |
| | | City | • | Zip Code | | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regions. | per and complete pe | erformance of my dutie | es, and I am fam | iliar with and | | |

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> Fitle</u> | Name | Address | Type of Action |
|---------------|---------------------|--------------------------------------|----------------|
| MGR | JACQUELINE GONZALEZ | 1007 SANDHILL ST, GROVELAND FL 34736 | = Add |
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| ffective date, if oth | ner than the d | late of filing | 08/23/200 | | | (| optional) | | |
| an effective date is liste | ed, the date must l | be specific and | cannot be pr | ior to date of the | filing or more | than 90 days | after filing. |) Pursuant will not b | to 605,0207 se listed as |
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