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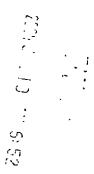
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COVER LETTER

Division of Co			
OTIP TO OR	y Realty, LLC		
30 5 500	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Karen Sanderson		
		Name of Person	
	API Law		
		Firm/Company	·
	260 S 1200 W		
		Address	
	Orem, UT 84058		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Karen Sanderson		888 521-0322	
Name o	of Person	Area Code Daytime	c 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 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

Sunny City Realty, LLC		
(Name of the Limited Liability ((A Florida Lin	Company as it now appears on our records mited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 2/15/2023	and assigned
Florida document number L23000083724		
This amendment is submitted to amend the following:		۲,
a. If amending name, enter the new name of the limited	I liability company here:	<u>.</u> (-
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(S)	<u>ئ</u>
		ω
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Mice address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
		. و د
	, Flo	o rida Zip Code

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>	Name	Address	Type of Action
AMBR	The Golden Touch, LLC	30 N Gould St Ste R, Sheridan, WY 82801	🖹 Add
			□Remove
			□Change
AMBR	Heather Castro	1131 Marcelo Blvd	□Add
		Kissimee, FL 34746	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	·		□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

). If amending any othe	er information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective date, if other (If an effective date is listed Note: If the date insert document's effective d	er than the date of filing: 1, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2 date on the Department of State's records.
	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June, 18	2024
Du	Signature of a member or authorized representative of a member
Heather Cas	
	Typed or printed name of signee
	- None or bermon morne of signer