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| Special Instructions to Filing Officer: |
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| SUBJECT: HOP | Little Bu Name of Limit | nnies Soft F | Playddc | | | | | |
| The enclosed Articles of A | mendment and fee(s) are subm | nitted for filing. | | | | | | |
| Please return all correspond | dence concerning this matter to | o the following: | | | | | | |
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| | Savano | Name of Person | Iton | | | | | |
| | | Firm/Company | | | | | | |
| | 19445 5 | aint Benedic | 1 Drive | | | | | |
| | Dunnellon Savano E-mail address: (to | City/State and Zip Code Chhelton @ your be used for future annual report notifi | 2. Jahoo.com | | | | | |
| For further information cor | ncerning this matter, please cal | 11: | | | | | | |
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| Savanah Name of I | Person | at (<u>352</u>) <u>433</u> Area Code Daytime | 6739 Telephone Number | | | | | |
| Enclosed is a check for the | | | | | | | | |
| □ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | | |
| Mailing Address: Registration Se | ection | Street Address: Registration Sec Division of Cor | | | | | | |
| P.O. Box 6327 | = | The Centre of T | The Centre of Tallahassee | | | | | |
| Tallahassee, Fl | L 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 5/8/23 and assigned
Florida document number 23000226 HS8

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sunny Days Soft Play 22

The new name must be distinguisable and contain the wear "Limited Liability Company," the designation of LLC" or the abbreviation of LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Dunnellon Fl 34432

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Savanah P He I for

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Sunnellon, Florida 344

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

Type of Action Address Title Name MGR John P. Ling 19445 Saint Benedict Dr Dunnellon Fl 34432 Memove AMBR Savanan P. Helton 19445 Saint Benedict Dradd

Dunnellon Fl 34432 Remove _____ □Change □Remove ____ Change □Remove _____ Change ____ □Remove Remove

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