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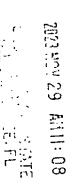
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COVER LETTER

TO:	Registration Sec Division of Corp		•			
SUBJEC		AYS MANUFACTURED & M	OBILE HOME BROKE	RS, LLC		
SOBJEC	UI	Name of Lim	ited Liability Company	,		
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
			DARLENE L COLOMB	O		
	Name of Person					
		SUNNY DAYS MAN	UFACTURED & MOBIL	E HOME BROK	ERS. LLC	
	Firm/Company					
	2815 PIER DRIVE Address					
RUSKIN, FLORIDA 33572			2			
		 	City/State and Zip Code			
			SUNNYDAYSMOBILEHOMES@GMAIL.COM E-mail address: (to be used for future annual report notification)			
				report notification)		
For furth	ner information co	oncerning this matter, please c	all:			
DARLENE COLOMBO		248 at ()	818.4376	2023 C ::		
	Name of	f Person	Area Code	Daytime Telepho	2023 HOY 29	
Enclose	d is a check for th	ne following amount:			9	• • • •
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	Kaser

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 DAYS MAI	NUFACTURED & MOBILE HO	ME BROKERS, LLC			
(Name of the Limi	ted Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) iny)			
The Articles of Organization for this Limited L Florida document number		September 13, 2023	and assigned		
his amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liability compan	y here:			
The 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 applic Principal office address MUST BE A STREE	20	08 Apollo Beach, Suite #1	12		
Timesput office dudiess MOST DE ASTREE		Apollo Beach, Florida 3351	72		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	BOX)	208 Apollo Beach, Suite #112			
Transmitted with a way of a second state of the second state of th		Apollo Beach, Florida 33572			
B. If amending the registered agent and/or agent and/or the new registered office addressed agent: Name of New Registered Agent:		ur records, <u>enter the ns</u>	ame of the new registe		
	208 Apollo Beach, Suite #11	.7	. 29		
New Registered Office Address:		r Florida street address	الم المحتدد ال		
	Apollo Beach, Florida	, Florida	33572		
	City		<i>に対 (6</i> 紀)		

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
MGR	Darlene L Colombo	208 Apollo Beach Suite #112	□Add
		Apollo Beach, Florida 33572	Remove
			■ Change
MGR	Michael D Colombo	208 Apollo Beach Suite #112	□Add
		Apollo Beach, Florida 33572	□Remove
			■Change
<u>_</u>			□Add
			□Remove
			□Change
			DAdd T
			Change O
			□Remove
			Change
			_\Add
			□Remove
			□ Change

Page 2 of 3

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	ry.)	
	•	
		
		
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	<u>.</u>	프 - 프
	* *	ny 2
Effective date, if other than the date of filing: (optional (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing (optional cannot be prior to date of filing or more than 90 days).	i l) (, no) Piirsiia:	ـــــــــــــــــــــــــــــــــــــ
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	ne will hot	t be listed as
document's effective date on the Department of State's records.): 08
the record specifies a delayed effective date, but not an effective time, at $12:01\ a.m$) The 90th day after the record is filed.	•	
Dated November 22 2023		
Darles L. Colombo		
Signature of a member or authorized representative of a member		
Dariene L Colombo		
Typed or printed name of signee		

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