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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ; LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNNY DAYS DRIFTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55,00

T. LEMIEUX

NOV 2 6 2024

Electronic Filing Menu — Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Se Division of Cor					
SUNNY DAYS DRIFTING LLC						
St. BJF.C	SUBJECT: Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are subn	nated for filing			
		ondence concerning this matter t				
		Mike Town				
	Name of Person					
		Legalzoom com, Inc				
	Firm Company					
	9000 Spectrum Di					
	Address					
	Austin, TX 78717					
			City/State and Zip Code			
		lukahviena@gmail.com	o be used for future annual report n	· · · · · · · ·		
E. Carl	an internation o	e-mail address (b concerning this matter, please ca		oducation)		
		tincerting this matter, prease ea				
Mike Town Name of Person		300 773-0888 at () Area Code Daytime Telephone Number				
	Name	n Person	Area Cone Dayt	the Telephone Number		
Enclosed	d is a check for th	he fallowing amount:				
\$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)		
	Registr Diviso	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COU Registration Sec Division of Coty Clifton Building	norations		
Tallahassec, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNNY DAYS DRIFTING ELC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24600175616	were filed on 04/15/2024 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new mane must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1455 NW 160th Sc	
(Principal office address MUST BE A STREET ADDRESS)	Okcechobee, Ff. 34972	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	2021 1107 25	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 -	, Florida	
	City Zip Cock	

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

To. • Page, 20 of 51 2024-11-24 11:55:09 PST 13236068205 From: Rajiv Srivastava

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					
Title	Name	<u>Address</u>	Type of Action		
			□ Add		
			□ Reniove		
			Change		
		····-			
			□ Remove		
· 					
			□ Remove		
			☐ Change		
			Add		
			☐ Remove		
			☐ Change		
			□ Add		
			Remove		
		**************************************	□ Change		
			□ Add		

__ Remove

_ Change

Page 3 of 3

Typed or printed name of signee

Signature of a member or authorized representative of a member

/S/ Lukah Vieira

Lukah Vieira

Filing Fee: \$25.00