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COVER LETTER

то:	Registration Se Division of Cor						
SUBJEC		TATE TEAM LLC					
.,01,,120	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		FLORA PAMELA SALIN	IAS SANCHEZ				
		-	Name of Person				
			Firm/Company				
		5352 TUSCANY LANE					
		Address					
		DAVENPORT, FL 33897					
		City/State and Zip Code					
		PAMELAFLORIDAREAL	TOR@HOTMAIL.COM				
		E-mail address: (to be used for future annual report notif	ication)			
For furth	er information co	oncerning this matter, please ca	all:				
FLORA	PAMELA SALI	NAS SANCHEZ	407 6685565 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	e following amount:					
\$25.0	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)			
	<u>Mailing Address</u> Registration S	_	Street Address: Registration Sec	tion			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 STATE TEAM LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	 		
ne Articles of Organization for this Limited Liability Company were filed on 09/23/2024 and assigned orida document number 1.24(XX)414249				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	oility company here:			
SUNNY STATE RENOVATIONS LLC		2025 TAS		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreyation L.C.		
Enter new principal offices address, if applicable:	5352 TUSCANY LANE			
(Principal office address MUST BE A STREET ADDRESS)	DAVENPORT FL, 33897	200		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5352 TUSCANY LANE DAVENPORT FL. 33897	1000 - 10		
B. If amending the registered agent and/or registered office :	address on our records, enter th	e name of the new registered		
agent and/or the new registered office address here:		·		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Et aus	.1		
	, Flori	Zin 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 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>	Address	Type of Action
MGR	NATALIA F. SALINAS	221 KENSINGTON DR.	■Add
			□Remove
			□Change
AMBR	FLORA SANCHEZ DE SALINAS	221 KENSINGTON DR.	
			□Remove
			□Change
AMBR	J. RAFAEL SALINAS ARIAS	221 KENSINGTON DR.	■Add
			ПRетюve
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	
	
Note: If	e date, if other than the date of filing:
f the record : record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	ANUARY 2024
	Signature of a member or authorized representative of a member
	FLORA PAMELA SALINAS SANCHEZ
	Typed or printed name of signee

Filing Fee: \$25.00