

L24000414249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

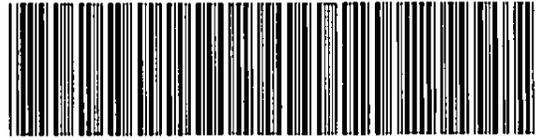
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2025 JUN -4 AM 8:07
SECRETARY OF STATE
111 ALABAMA STREET
MONTGOMERY, AL 36103



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2025

FLORA PAMELA SALINAS SANCHEZ
5352 TUSCANY LANE
DAVENPORT, FL 33897

SUBJECT: SUNNY STATE RENOVATIONS LLC
Ref. Number: L24000414249

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You must choose/specify one type of action concerning the authorized persons section of the document. You may email the corrected documents or any questions you may have to: Vonterica.Williams@DOS.FL.GOV. PDF Format only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 025A00005507



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNNY STATE RENOVATIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FLORA PAMELA SALINAS SANCHEZ

Name of Person

Firm/Company

5352 TUSCANY LN.

Address

DAVENPORT FL, 33897

City/State and Zip Code

pamelasalinasrealtor@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FLORA PAMELA SALINAS SANCHEZ

at (407) 668-5565

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 STATE RENOVATIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/23/24 and assigned Florida document number 1.2-4000414249.

This amendment is submitted to amend the following:

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

SUNNY STATE PROPERTY SERVICES LLC

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

5352 TUSCANY LN

DAVENPORT FL, 33897

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2025 JUN -4 AM 8:07
SECRETARY OF STATE
TALLAHASSEE FL 32310

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: _____

New Registered Office Address: _____

Enter Florida street address

, Florida

City

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 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>	<u>Type of Action</u>
AMBR	SALINAS ARIAS, JESUS RAFAE	221 KENSINGTON DR. DAVENPORT FL. 33897	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANCHEZ DE SALINAS, FLORA		<input type="checkbox"/> Add
		221 KENSINGTON DR. DAVENPORT FL. 33897	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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