L25000195898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/11/25--01020--023 **125.00

RL
9/8/25

FILED
2025 AUG -5 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2025

LEIDIANA ALACON GONZALEZ
11717 SAWYER ST
ORLANDO, FL 32817

SUBJECT: SERENYCARE SOLUTIONS LLC
Ref. Number: L25000195898

We have received your document for SERENYCARE SOLUTIONS LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you have submitted is for a new entity to qualify as a limited liability company. As this entity is already qualified as an LLC in Florida, it cannot file new articles of organization. If you are attempting to amend your articles of organization, the articles of amendment can be filed. Please see the enclosed information.

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.

Rebekah Lefeavers
Supervisor

Letter Number: 925A00015403

RECEIVED
AUG 05 2025
BY:

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SunnyCare Solutions 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:

Luciana Alarcón González
Name of Person

SunnyCare Solutions LLC
Firm/Company

10717 Sawyll ST
Address

32817
City/State and Zip Code

alarconluciana76@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luciana Alarcón González at (407) 455-9272
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

Serinyiam Solutions 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 _____ and assigned Florida document number L25000195898.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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 applicable:
(Principal office address MUST BE A STREET ADDRESS)

11717 Sawyer ST
Orlando FL 32817

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11717 Sawyer ST
Orlando FL 32817

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*

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	Alejandro Rodriguez Gonzalez	11717 Sawyer ST Orlando FL 32817	☐ Add
			☒ Remove
			☐ Change
MGR	Luciana Alarcon Gonzalez	11717 Sawyer ST Orlando FL 32817	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This amendment is to update the management structure of the company. Alejandro Rodriguez is removed as manager of the company. Lisdiana Alarcón González is hereby designated as the sole manager of Sweng Law Solutions LLC

E. **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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 07/28/2025

LAG

Signature of a member or authorized representative of a member

Lisdiana Alarcón Gonzalez MGR

Typed or printed name of signee

Filing Fee: $25.00