

**L070000 49810**

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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TALLAHASSEE, FLORIDA  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**SUNSET HOME-VUE LLC**

Certificate of Status	0
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Page Count	03
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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is: SUNSET HOME-VUE LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE NAME OF THE LIMITED LIABILITY COMPANY SHOULD BE: LEIDANYS TRINCADO LLC

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: MAY 11 2007

  
Signature of a member or an authorized representative of a member.

LEIDANYS TRINCADO

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR22062 (08/05)

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The Name of the Limited Liability Company is:

**SUNSET HOME-VUE LLC**

**ARTICLE II - Address:**

**Principal Office Address:**

**6683 SW 133<sup>RD</sup> CT  
Miami, FL 33183**

**Mailing Address:**

**6683 SW 133<sup>RD</sup> CT  
Miami, FL 33183**

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

**LEIDANY S TRINCADO**

**Name:**

**6683 SW 133<sup>RD</sup> CT**

**Florida Street Address (P O Box NOT acceptable)**

**Miami, FL 33183**

**City, State, and Zip**

**07 MAY 11 AM 7:15**

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in chapter 608, F.S.

  
**Registered Agent's Signature (REQUIRED)**

**(CONTINUED)  
Page 1 of 2**

**ARTICLE IV – Manager(s) or Managing Member(s)**  
The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGR

Leidany Trincado

6683 SW 133<sup>RD</sup> CT

MIAMI, FL 33183

MGR

WILLIAM TRINCADO

6683 SW 133<sup>RD</sup> CT

MIAMI, FL 33183

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ OPTIONAL)**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

LEIDANY TRINCADO

Typed or printed name of signed

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