L13000018438

(Re	equestor's Name)	·· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		ļ.
		,

Office Use Only



600279396976

12/10/15--01010--011 **25.00

PILED
2015 DEC 10 P 12: 55
SECRETARY OF STATE:
ASSEE, FLORIDA

DEC 1 1 2015

8 MASON

COVER LETTER

TO:	Registration Section of Con		÷	
CUDI	ECT.	CND SUNTREE	LLC	
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		υι	LIO MOLINA	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		JULIO	O MOLINA P A	
			Firm/Company	
		2002	CURRY FORD RD	
			Address	
		ORLANDO	, FLORIDA 32806	
			City/State and Zip Code	
			A@BELLSOUTH.NET	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	ill:	
JULIO MOLINA		407 228-4757		
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
52 \$2	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CND			3 <u>"</u>		
(Name of the Limite	as it now appears on our repolity Company)		_ [
The Articles of Organization for this Limited Lia	ability Company we	ere filed on <u>02/19/2013</u>	F SI	and assigned	
Florida document numberL13000018438	·		PATE		
This amendment is submitted to amend the follow	wing:		. 🗩 💉	•	
A. If amending name, enter the new name of	the limited liabilit	y company here:			
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the designation	"LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	2933 ASHFORD PAR	K PL		
Principal office address MUST BE A STREET	ADDRESS)	OVIEDO, FL. 32765			
	-		····		
Enter navy mailing address if applicables		2933 ASHFORD PAI	RK PL		
	CND SUNTREE LLC of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) Limited Liability Company were filed on 02/19/2013 Limited Liability Company were filed on 02/19/2013				
THURS GUARAS MAT BE A LOST OFFICE B	<u></u>				
	-				
B. If amending the registered agent and/o	r registered offic	e address on our rec	ords, <u>ent</u>	er the name of the new	
registered agent and/or the new registered off	ice address here:				
Name of New Registered Agent:	MAR	RTA DIEZ			
New Registered Office Address:	2933 ASH	FORDPARK PL			
		Enter Florida street a	ldress		
	ORLANDO)	. Florida ³²⁷⁶⁵		
	ling name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." rincipal offices address, if applicable: 2933 ASHFORD PARK PL OVIEDO, FL. 32765 anailing address, if applicable: 2933 ASHFORD PARK PL OVIEDO, FL. 32765 ding the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here: MARTA DIEZ V Registered Office Address: 2933 ASHFORDPARK PL OVIEDO, FL. 32765				

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
MGRM	MARTA DIEZ	2933 ASHFORD PARK PL	= Add
	·	OVIEDO, FL 32765	☐ Remove
			Change
MGRM	MARTA QUINTANA	2933 ASHFORD PARK PL	□ Add
		OVIEDO, FL 32765	Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
<i>,</i>			□ Add
			□ Remove
		12. 12. C	Change
		ALLAMASSE	Add O Remove
		FLORID	Change

ny other infor	mation, enter	· change(s) ł	iere: (Attacl	ı additional sl	ieets, if ne	cesso	iry.)		
						-			_
• • • • • • • • • • • • • • • • • • • •									
					***				_
									_
				** **				·····	_
					•=				_
									_
									_
									_
		-							
				-	<u>-</u>				_
		··							_
				·	·		7		
		- 							
is listed, the date the inserted in this active date on the active date and the actifies a delay	must be specific a s block does no e Department of yed effective	and cannot be port incet the approximation of State's recorded date, but	rior to date of fi blicable statutords.	ling or more than ory filing requi	90 days after rements, th	er filin nis dat	g.) Purs e will r	not be list	ited a
Zu Ger	- 08	2015							
m. 1	, \0	-'	·						
<u>'Maifa</u>	اکی (۱) ا	a member or a	uthorized repre	sentative of a me	mber -	:/ ₁	29		
	, , , , °	$\stackrel{\cdot}{,}$,		ŗ	ECR	15 1	77	
Marte	7 ()	Typed or pr	inted name of s	ianaa	—————————————————————————————————————	. [F] - 		-	
		. , , , , , , , , , , , , , , , , , , ,	mica name of 2	ignee				-	
		15 p	imed name of s	ignee	יירי. מרני	RY OF	d 01	MD	
	if other than is listed, the date e inserted in thi ctive date on the ecifies a delar ay after the recognitions.	if other than the date of file is listed, the date must be specific a e inserted in this block does no ctive date on the Department of the cifies a delayed effective ay after the record is filed.	if other than the date of filing:/ Z is listed, the date must be specific and cannot be pi e inserted in this block does not meet the app ctive date on the Department of State's recon- ecifies a delayed effective date, but any after the record is filed. Signature of a member or any Mar-Cu Signature of a memb	if other than the date of filing: I 2 - 08 - is listed, the date must be specific and cannot be prior to date of file inserted in this block does not meet the applicable statute ctive date on the Department of State's records. Incifies a delayed effective date, but not an effect ay after the record is filed. Incomplete the signature of a member or authorized representation. Marka Signature of a member or authorized representation.	if other than the date of filing:	if other than the date of filing:	if other than the date of filing: / Z - O 8 - ZO I J (optional is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing inserted in this block does not meet the applicable statutory filing requirements, this date ctive date on the Department of State's records. **Control of the control of the cont	if other than the date of filing:	if other than the date of filing: 12-08-2015 (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cive date on the Department of State's records. Section and delayed effective date, but not an effective time, at 12:01 a.m. on the early after the record is filed. Support ON 2015 Markot Dip 7

Filing Fee: \$25.00