

L14000111005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

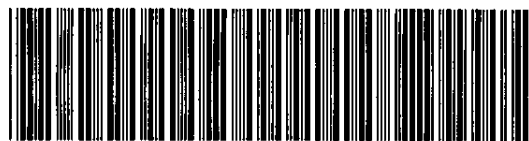
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/14--01006--004 **25.00

2014 AUG 26 PM 11:51
U.S. DEPARTMENT OF THE TREASURY
INTERNAL SECURITY

8/28
6358
6357

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **TOBO DREAM HOME 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:

ANGELIQUE ESTIMABLE

Name of Person

TOBO DREAM HOME LLC

Firm/Company

199 BILBAO STREET

Address

ROYAL PALM BEACH FL 33411

City/State and Zip Code

tobodreamllc@gmail.com

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

For further information concerning this matter, please call:

Angelique Estimable

Name of Person

at **561 4203492**

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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2014

JEAN DORCEY ESTIMABLE
199 BILBAO ST
ROYAL PALM BEACH, FL 33411

SUBJECT: TOBO DREAM HOME LLC
Ref. Number: L14000111005

We have received your document for TOBO DREAM HOME LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00015890

FILED
2014 AUG 29 AM 11:51
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TOBO DREAM HOME 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 07/14/2014
Florida document number L14000111005

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 end with 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)

2101 VISTA PARKWAY SUITE 224

WEST PALM BEACH FLORIDA 33413

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

199 BILBAO STREET

ROYAL PALM BEACH FLORIDA 33411

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:

JEAN DORCEY ESTIMABLE

New Registered Office Address:

2101 VISTA PARKWAYSUITE 224

Enter Florida street address

WEST PALM BEACH

City

, Florida 33413

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.

Angeliene Estimable
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Angelique Estimable	199 Bilbao street	<input checked="" type="checkbox"/> Add
		royal palm beach fl 33411	<input type="checkbox"/> Remove
MGR	JEANNETTE NARCISSE	167 MIRAMAR AVE	<input type="checkbox"/> Add
		ROYAL PALM BEACH	<input checked="" type="checkbox"/> Remove
		FLORIDA 33411	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
26 AUG 28 AM 11:5
FILED

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

THE CHANGE IS TO REMOVE JEANNETTE NARCISSE
NAME COMPLETELY FROM TOBO DREAM HOME LLC

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 07/14/2014 , _____

Signature of a member or authorized representative of a member

Angelique Estimable

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 AUG 28 AM 11:52
CLERK OF STATE
TALLAHASSEE, FLORIDA