# 115000108990

(Requestor's Name)
(Address)
(Address)
City (Chaha City IDhama 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: CORRECTIONS PER Conversation with
Myra Williams 2/17/2017 KS
RA ADD

Office Use Only



200294000982

01/09/17--01015--023 \*\*55.00

2011 FEB 17 MIN: 50

K. SALY FEB 21 2017



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2017

ULTIMATE SUNSHINE INVESTMENTS AND PROPERTY MANAGEMENT YVES BELMONT JR. P.O. BOX 470812 MIAMI, FL 33247

SUBJECT: ULTIMATE SUNSHINE INVESTMENTS AND PROPERTY

MANAGEMENT, LLC

Ref. Number: L15000108990

We have received your document for ULTIMATE SUNSHINE INVESTMENTS AND PROPERTY MANAGEMENT, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 717A00000664

# **COVER LETTER**

Division of Corporation	S		
SUBJECT: ULTIM47	E Sunshiu E Name of Limited Li	Inutstments And ability Company	o Property Managneti, LLC
The enclosed Articles of Amendm	ent and fee(s) are submitted	l for filing.	
Please return all correspondence co	-	-	
7	lysa Williams	Name of Person	
<u>U</u>	LTIMATE ?	Sushine Hold	ing, Inc.
<u>'</u> P.	0.1304.49	HOSIZ MIAMI	F1.33247
		33247 V/State and Zip Code	<u>_</u>
	mail address: (to be u	HOTMAIL.COM used for future annual report notification	on)
For further information concerning	this matter, please call:		
MR JUES BEL Name of Person	mon 52	at (786) 202 - 6 Area Code Daytime Tele	235— ephone Number
Enclosed is a check for the following	ng amount:		·
	1.00 Filing Fee & ☐ ertificate 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:

TO:

Registration Section

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

Name of the Limite	d Liability Company as it now a A Florida Limited Liability Comp	ppears on our records.	Coopeany MANG
The Articles of Organization for this Limited Li-	ability Company were filed o	on <u>Jule 23, 201</u>	5 and assigned
Florida document number <u>L15000108</u>	990.	•	
This amendment is submitted to amend the follo	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liability compa	ny here:	520; <b>1</b>
The new name must be distinguishable and contain the wo	ords "Limited Liability Company,"	"the designation "LLC" or the a	obre
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE	Γ ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u> </u>		
B. If amending the registered agent and/oregistered agent and/or the new registered of		ss on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	NVES BELI	nont Jr.	
New Registered Office Address:	6700 NW 27	Er Florida street address	
	MiAni	, Florida	33147
	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 Agen

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 JUES J BELMONIDR P.O. BOX 470812 Miami, FL 33247 Samme L. BELMONT 500 n.xl. 2 AME unit DAdd NP Miami, FL 33101 PRemove \_ Change YUGS J BELMONT 500 M.W. 2 AUE UNIT 101641 TB Miami, FL 33101 DRemove ☐ Change □ Add ☐ Remove □ Change □ Add □ Remove \_□ Change

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• , . •	Charge (P) 14ES J BELMONT SO,
1.	o (MCR) JUES J BELMONT JR. TAKE OFF
<del></del> <del>+</del>	\ _ `
(7	P BAMME L BELMONT Completely.
	•
<del></del>	
<del></del>	
<del></del>	
<del></del>	The second secon
<del></del>	OF STATE OF STATE
	20 Ref. 60
•=	
Note: If the	date, if other than the date of filing: 2017 (optional) we 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 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	Jan. 6,2017
	Signature of a member of authorized representative of a member
	MR. JUES T BELMENT J2  Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00