## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : SANDRA ROLON & ASSOCIATES, CPA, PA

Account Number : I19980000068 Phone : (954)437-0700 Fax Number : (954)436-8195

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: alina @ Sracpa, net

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSET DREAM HOMES, LLC

| Certificate of Status | 0       |
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Corporate Filing Menu

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Aug. 26, 2022 10:12AM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF H22000289138

| SUNSET DREAM HOMES, LLC   |   |                       |
|---|---|-----------------------|
| ( <u>Name of the Limited Liability Com</u><br>(A Florido Limite       | ipany as it now appears on our records.)<br>ed Lisbility Company) |                       |
| The Articles of Organization for this Limited Liability Compa         | ny were filed on <u>01/09/2017</u>                                | and assigned          |
| lorida document number L17000006244                                   |   |                       |
| his amendment is submitted to amend the following:                    |   |                       |
| A. If amending name, enter the new name of the limited li             | ability company here:   |                       |
| he new name must be distinguishable and contain the words "Limited Li | ability 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)                    |   | <u>_</u>              |
|   |   |                       |
|   |   |                       |
| Enter new mailing address, if applicable:                             |   |                       |
| Mailing address MAY BE A POST OFFICE BOX)                             |   |                       |
|   |   |                       |
|   | and   | _                     |
| 3. If amending the registered agent and/or registered office          | ce address on our records, <u>enter the ma</u>                    | me of the new registe |
| gent and/or the new registered office address here:                   |   | AUG.                  |
|   |   | E 2                   |
| Name of New Registered Agent  |   | <u></u> or [          |
| New Registered Office Address:  |   | Pr                    |
| 110 Hogistotes Office / Hadross.                                      | Enter Florida street address                                      | 2:                    |
|   | , Florida   | 03                    |
|   |   | 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 Agent

If amA = 2. 26. 2022 in 10: 12AM son(s) authorized to manage, enter the title, name, and address on 0. 0507 arsoft. Sing added or removed from our records: H22000289138 3

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | Address           | Type of Action |
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| Effect    | ctive date, if other than the date of filing:  |                    |
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