# 11000195769

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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# **COVER LETTER**

TO:	Registration Se Division of Cor							
SUBJE		nes Realty Professionals, LLC						
Name of Limited Liability Company								
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please i	return all correspo	ondence concerning this matter	to the following:					
		Alister D. Munroe						
			Name of Person					
			Firm/Company					
		1301 Pattison Ave						
			Address					
		Sarasota / Florida 34239						
		alistermunroe@me.com	City/State and Zip Code	<del></del> -				
		E-mail address: (	to be used for future annual report notifi	ication)				
For furt	her information c	oncerning this matter, please ca	all:					
Michel	le D Munroe		941 301-6063					
	Name o	f Person	at () Area Code Daytime	Talackan Name				
	Naire 0	reson	Area Code 17 ayrime	Telephone Number				
Enclose	ed is a check for th	ne following amount:						
□ <b>\$</b> 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dream Homes Realty Professionals LLC		
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000185769	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Alister Munroe Realty, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7
		22
Enter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		
		7 5
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>ent</u> <u>e</u> :	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Florida	
<del> </del>	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 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
			Remove
			Change
			Add
			□ Remove
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ctive date, if other than the	date of filings			(ontional)	
effective date is listed, the date mus	t be specific and cannot b	e prior to date of fil	ing or more than 90	(optional) days after filing.) F	ursuant to 605.020
If the date inserted in this blument's effective date on the D					ill not be listed a
ecord specifies a delayed se 90th day after the rec		ut not an effe	ctive time, at	12:01 a.m. o	n the earlier o
September 22	2017				
d		· ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 08-30-2017

Employer Identification Number:

82-2643645

Form: SS-4

Number of this notice: CP 575 B

DREAM HOMES REALTY PROFESSINALS LLC ALISTER DESMOND MUNROE MBR 1301 PATTISON AVE SARASOTA, FL 34239

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-2643645. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 03/15/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DREA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

CP 575 B

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Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 08-30-2017 EMPLOYER IDENTIFICATION NUMBER: 82-2643645 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Librate Indicated and Indicated Language and American Indicated and Indicated American Indicated Indicated

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DREAM HOMES REALTY PROFESSINALS LLC ALISTER DESMOND MUNROE MBR 1301 PATTISON AVE SARASOTA, FL 34239