

L18 000151463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

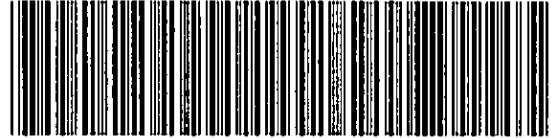
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

O SIMMONS

JAN 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSTREAM VACATION 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:

INNA ERLIKH

Name of Person

CORONA TAX SERVICES INC

Firm/Company

3800 S OCEAN DR STE 216

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

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

For further information concerning this matter, please call:

____ at (____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SUNSTREAM VACATION 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 06/20/2018 and assigned Florida document number L18000151463.

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 contain 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)

2460 SW 56TH AVE

WEST PARK, FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2460 SW 56TH AVE

WEST PARK, FL 33023

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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:

KADOCH, MICHAEL

New Registered Office Address:

400 SUNNY ISLES BLVD #720

Enter Florida street address

SUNNY ISLES BCH

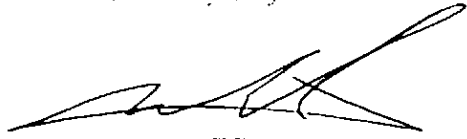
City

Florida 33160

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	BEKHRUZ, TAIR	290 174TH STREET #708	<input type="checkbox"/> Add
		N MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KADOCH, MICHAEL	400 SUNNY ISLES BLVD #720	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BCH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AFLALO, MEIR	1930 COLLINS AVE APT 716	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/18/2019 . 

Tair Bekmurz

Typed or printed name of signee