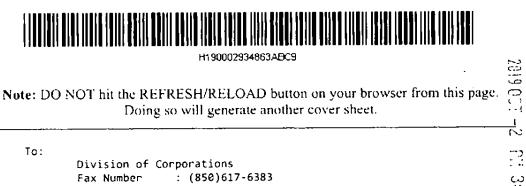
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000293486 3)))



From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : 120180000103 Phone : (407)374-2329 : (407)412-5926 Fax Number

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNNYLAND VACATION HOMES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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ge: 4 10/2/2019 11:02 AM TO: DocuSign Envelope ID: EACD7FFC-0C3E-47F3-8DEC-F5FAEADF8831

COVER LETTER

TO:	Registration Sec Division of Cor					
41. III. 111.		ND VACATION HOMES, LL	С			
SUBJE	CI:	Name of Limi	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		CLEITON CARDOSO				
		DOMINIUM CONSULTING	Name of Person SERVICES, LLC		<u></u>	2019.01.7
		6965 PIAZZA GRANDE AV	Firm/Company /E. SUITE 206			-2 fi
			Address			<u>.</u> .
		ORLANDO, FL, 32835				(1 (5)
		CLEITON@DOMINIUMCS.	City/State and Zip Co	de		
		E-mail address: (to be used for future ann	ual report notificat	ion)	
For furt	her information c	oncerning this matter, please co	all:			
PATRI	CIA CHOQUET	1	407	374-2329		_
	Name o	rt Person	Area Code	Daytime Te	tephone Number	
Enclose	d is a check for th	he following amount:				
≡ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
	Registi	ANG ADDRESS: ration Section on of Corporations	Regis Divis	EET/COURIER tration Section ion of Corporation		

P.O. Box 6327 Taliahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Page: 5 10/2/2019 11:02 AM TO:18506176383 FROM:3213199949

DocuSign Envelope ID: EACD7FFC-0C3E-47F3-8DEC-F5FAEADF8831 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNNYLAND VACATION HOMES, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L19000007625	y were filed on <u>01/07/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Link	bility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		20 9
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		10 :::
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, ere:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	Ciry	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

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11 amenuing Authorized rerson(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>	Type of Action
AMBR	Victor Franzotti Branco	14729 Bahama Swallow Blvd	_
		Winter Garden, FL, 34787	Add
		Tyliner Garden, F.E., 547-07	
			☐ Change
MGR	Chaienny A. Bolsoni	14729 Bahama Swallow Blvd	
		Winter Garden, 14., 34787	☐ Remove
			Remove
			□ Change:
			☐ Remove
			Change
	***		Add
			□ Remove
			☐ Change
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alf on offer	date, if other than t ive date is listed, the date (nust be specific on	d compt be prior t	o date of filing or me	ne than 90 days afte	ional) r filing.) Pursuan	t to 605.
Note: If	the date inserted in this t's effective date on the	block does not	meet the applica	ble statutory filing	g requirements, th	is date will not	be liste
		•					
If the reco (b) The 9	rd specifies a delay Oth day after the r	ed effective ecord is filed	date, but not	an effective t	ime, at 12:01	a.m. on the	earlie
Dated _	ctober 1st	<u> </u>	2019				
			Docu 3 igne	•			
		Simulation of p	menther or author	rived tenresentative	of a member		—

Page 3 of 3

Filing Fee: \$25.00