



**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.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC  
Account Number : 120180000103  
Phone : (407)374-2329  
Fax Number : (407)412-5926

**\*\*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 |

2019 OCT -2 PM 12:03

2019 OCT -2 PM 3:55

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNNYLAND VACATION HOMES, 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:

CLEITON CARDOSO

Name of Person

DOMINIUM CONSULTING SERVICES, LLC

Firm/Company

6965 PIAZZA GRANDE AVE. SUITE 206

Address

ORLANDO, FL, 32835

City/State and Zip Code

CLEITON@DOMINIUMCS.COM

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

2019 OCT -2 PM 3:56

For further information concerning this matter, please call:

PATRICIA CHOQUETI

407

374-2329

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

SUNNYLAND VACATION HOMES, 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 01/07/2019 and assigned  
Florida document number L19000007625.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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**

DocuSign Envelope ID: EACD7FFC-0C3E-47F3-8DEC-F5FAEADF8831

If an existing 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         | Victor Franzotti Branco | 14729 Bahama Swallow Blvd | <input type="checkbox"/> Add               |
|              |                         | Winter Garden, FL, 34787  | <input checked="" type="checkbox"/> Remove |
|              |                         |                           | <input type="checkbox"/> Change            |
| MGR          | Chaienny A. Bolsoni     | 14729 Bahama Swallow Blvd | <input checked="" type="checkbox"/> Add    |
|              |                         | Winter Garden, FL, 34787  | <input type="checkbox"/> Remove            |
|              |                         |                           | <input type="checkbox"/> Change            |
|              |                         |                           | <input type="checkbox"/> Add               |
|              |                         |                           | <input type="checkbox"/> Remove            |
|              |                         |                           | <input type="checkbox"/> Change            |
|              |                         |                           | <input type="checkbox"/> Add               |
|              |                         |                           | <input type="checkbox"/> Remove            |
|              |                         |                           | <input type="checkbox"/> Change            |
|              |                         |                           | <input type="checkbox"/> Add               |
|              |                         |                           | <input type="checkbox"/> Remove            |
|              |                         |                           | <input type="checkbox"/> Change            |
|              |                         |                           | <input type="checkbox"/> Add               |
|              |                         |                           | <input type="checkbox"/> Remove            |
|              |                         |                           | <input type="checkbox"/> Change            |

2019 OCT -2 PM: 3:56

2019 OCT -2 PM 3:56

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(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 1st, 2019

- DocuSigned by:

Signature of a member or authorized representative of a member

VICTOR FRANZOTTI BRANCO

Typed or printed name of signee