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(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
SUN DRE	AM HOME LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ileana Noa		
		Name of Person	
	Concorde Land Title Servi	ces Inc.	
Firm/Company 134 South Dixie Highway, Suite 100		<u> </u>	
	<del></del>	Address	
	Hallandale Beach, FL 330	09	
		City/State and Zip Code	
	inoa@concordelts.com		
		to be used for future annual report notified	ation)
For further information of	concerning this matter, please c	all:	
Ileana Noa		305 356-8403	
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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		Street Address: Registration Secti	on
Division of C		Division of Corpo	
P.O. Box 632		The Centre of Tal	
Tallahassee,	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUN DREAM HOME LLC

( <u>Name of the Limited Liability Compa</u> (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 1.19000257314	were filed on October 14, 2019	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
nter new mailing address, if applicable:		2018 NOV 5E: 8510
Mailing address MAY BE A POST OFFICE BOX)		
		25
3. If amending the registered agent and/or registered office a	address on our records, enter the	name of the new registe
gent and/or the new registered office address here:	enderties on our records, <u>enter the</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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
AMBR	Esther E. Casanas de Saccoman	21150 NE 38 Avenue, #3001	□Add
		Aventura, FL 33180	□Remove
			■ Change
			□Add
			□Remove
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	The Mark of the Committee of the Committ	
reffect <u>te:</u> If	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e Oth day after the record is filed.	arlier o
ed N	Fovember 22 . 2019	
	Signature of a member or authorized representative of a member	_

Page 3 of 3