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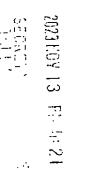
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT: Flo	ORIDA SUN BREE Name of Limi	EZE Homes, LLC	
	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MATÉUS	SZ ARIRS Name of Person	
		Name of Person	
		Firm/Company	
	9280 L	una DR Address	2023KOY 13
			至 9
	_ St Cloud	FL 34773 City/State and Zip Code	
	E-mail address: (i	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	•
MATO	FLISZ ARIAS  fPerson	at ( <u>407</u> ) <u>4/3</u> Area Code Daytim	1384
Name o	i Person	Area Code Dayum	e Tetephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632		The Centre of T	Fallahassee e Street, Suite 810
Tallahassee,	FL 32314	Z410 IV. MOIIIO	o pueci, auto 010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA SUN BRÉIZE HOMES, LLC

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>LA3000 29 10411</u> .	ere filed on $6/20/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y 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:	9280 LUNA DR. =
(Principal office address MUST BE A STREET ADDRESS)	St Cloud FL 34773
Enter new mailing address, if applicable:	3 P
(Mailing address MAY BE A POST OFFICE BOX)	:. :2 2
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
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

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>	Type of Action
MGR	MATFUSZ ARIAS	9280 Luna DK	
		St Cloud FL 34773	□Remove
			□Change
MGR	Julio Montoga	9280 LUND DR	(🗹 Add
		St Claud Fl 34773	□Remove
			Change
MGR.	Sun Breeze LLC	1309 COFFEEN AVENUE	□Add
		STE 1200	Remove.
		STE 1200 SHERIDAN, WY 82801	GChange
			F:
			∾ □Remove
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ecord s s filed	specifies a d l.	elayed effe	ctive date, bu	ut not an	effective	time, at	12:01 a.m	. on the ea	ırlier of: (l	o) The 90	0th day after t
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