

L24 000280257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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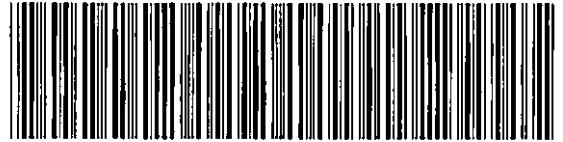
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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Division of Corporations

SUBJECT: Sunrise Dreams 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:

Salguero, Anibal Ernesto  
Name of Person

Sunrise Dreams LLC  
Firm/Company

1109 Gettysburg Ct  
Address

Kissimmee FL 34746  
City/State and Zip Code

anibalernestosalguero@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salguero Anibal at (321) 4023912  
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 Address:

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

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ARTICLES OF ORGANIZATION  
OF

Sunrise Dreams 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 06/20/2024 and assigned  
Florida document number 124000280257

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

City

Florida

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  
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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If amending Authorized Person(s)  
or removed from our records:

MGR  Manager  
AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
|-------|------|---------|----------------|

|    |                   |                    |  |
|----|-------------------|--------------------|--|
| AP | Salguero Anibal E | 1109 Gettysburg Ct | <input type="checkbox"/> Add               |
|    |                   | Kissimmee FL 34746 | <input checked="" type="checkbox"/> Remove |

|     |                |                    |  |
|-----|----------------|--------------------|--|
| MGR | Ponce Eliana M | 1109 Gettysburg Ct | <input type="checkbox"/> Add               |
|     |                | Kissimmee FL 34746 | <input checked="" type="checkbox"/> Remove |

|     |                   |                    |   |
|-----|-------------------|--------------------|---|
| MGR | Salguero Anibal E | 1109 Gettysburg Ct | <input checked="" type="checkbox"/> Add |
|     |                   | Kissimmee FL 34746 | <input type="checkbox"/> Remove         |

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TALLAHASSEE, FL

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[REDACTED]

(b) If amending any other information, attach additional sheets, if necessary.)

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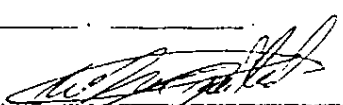
E. Effective date, if other than the date of filing: 07/09/2024 (optional)

(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 605.029(3)(b).

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.

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 07/08/2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Salguero Aniba E  
Typed or printed name of signee

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Filing Fee: \$25.00