

L12000054665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

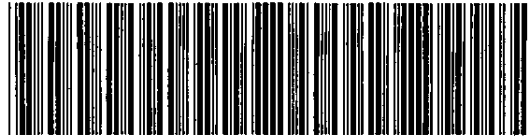
(Business Entity Name)

(Document Number)

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15 FEB 13 PM 1:31  
SEC. 101  
TALL: 101

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DREAM HOME BY MONICA 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:

EVELYN R GONZALEZ, EA

Name of Person

ACCOUNTING CENTER FOR SMALL BUSINESS LLC

Firm/Company

5701 DOGWOOD DR

Address

ORLANDO FL 32807

City/State and Zip Code

ACCORL@AOL.COM

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

For further information concerning this matter, please call:

EVELYN R GONZALEZ

Name of Person

407

at ( )

Area Code

281-0227

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

FILED  
15 FEB 13 PM 1:31  
TALLAHASSEE, FL  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 FEB 13 AM 10:52  
TALLAHASSEE, FLORIDA

January 30, 2015

EVELYN R GONZALEZ, EA  
ACCOUNTING CENTER FOR SMALL BUSINESS LLC  
5701 DOGWOOD DR  
ORLANDO, FL 32807

SUBJECT: DREAM HOME BY MONICA LLC  
Ref. Number: L12000054665

We have received your document for DREAM HOME BY MONICA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 915A00001909

RECEIVED  
15 FEB 13 AM 11:55  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DREAM HOME BY MONICA, 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 APRIL 20 2012 and assigned  
Florida document number L12000054665.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MONICA CUERVO, LLC

The new name must be distinguishable and end with 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)

15 FEB 13 PM 1:31  
SECRET  
TALLAHASSEE, FL

**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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 5, 2015



Signature of a member or authorized representative of a member

MONICA CUERVO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 FEB 13 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA