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SECKETARY OF STATE
TALLAHASSEE, FI ORINI

D. BRUCE

FEB 3 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Dre	eam Destinati	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Douglas	(Name of Person)		
	Dream	Destinations, (Firm/Company)	LLC	
	3031 NE 28	5+4 64. (Address)		T.
	Ft. Laude	City/State and Zip Code)	D CLAMAS	FIL 09FEB-2 SECRETARY
For further information of	concerning this matter, please c	all:	SEE SEE	ARY OF
Sofia Ya	66in of Person)	at (<u>703)</u> <u>798 - 8 (</u> (Area Code & Daytime T	elephone Number	D 9:49
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 For Certificate of Certified Copy (additional co	Status &

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2009

DOUGLAS GOSNELL 3031 NE 25TH STREET FT. LAUDERDALE, FL 33305

SUBJECT: DREAM DESTINATIONS LLC

Ref. Number: L08000074373

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DREAM DESTINATIONS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 509A00001178

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Dream Deotination</u>			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO800074373</u> .	were filed on 8 4	and assigned	
This amendment is submitted to amend the following:		FIL 19FEB-2 ECRETARY LLAHASSE	
A. If amending name, enter the new name of the limited liab	oility company here:	. FLOG	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the de	signation the abbreviation	
Enter new principal offices address, if applicable:	3031 NE 25	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderd	ale, FL 33305	
Enter _. new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	3031 NE 29 Ft. Lauderd		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ls, <u>enter the name of the new</u>	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	ZP		
	(Enter Florida street address)		
	, l,	Florida(Zip Code)	
	(011)	(Lip Coue)	

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR - Manager

MGRM = Managing Member **Title Address Type of Action** Name | Edna Haxwell MGRH. ☐ Add Remove Yanely Cruz HGRH □ Add Remove Remove Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1-27-09 ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00