

L11000 081912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

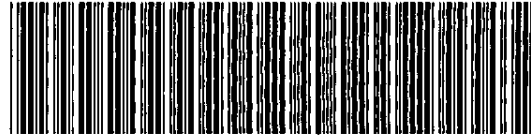
(Business Entity Name)

(Document Number)

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2011 OCT 25 AM 11:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

T. HAMPTON

23 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dream Shore Vacations ~~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:

Vernor L. Toland
Name of Person

Dream Shore Vacations LLC
Firm/Company

7751 Kingspointe Parkway, Suite 106
Address

Orlando, Florida 32819
City/State and Zip Code

Vern.Toland@dreamshorervacations.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vernor L. Toland at 407 234-6874
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DreamShare Vacations LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7-18-11 and assigned

Florida document number L11000081912.

This amendment is submitted to amend the following:

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

DreamShare Vacations, LLC (name is the same just needed to add 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)

7751 KingsPointe Parkway
Suite 106
Orlando, Florida 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7751 KingsPointe Parkway
Suite 106
Orlando, Florida 32819

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:

Vernor L Toland (same as before)

New Registered Office Address:

7751 KingsPointe Parkway, Suite 106
Enter Florida street address

Orlando
City

Florida

32819
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 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:

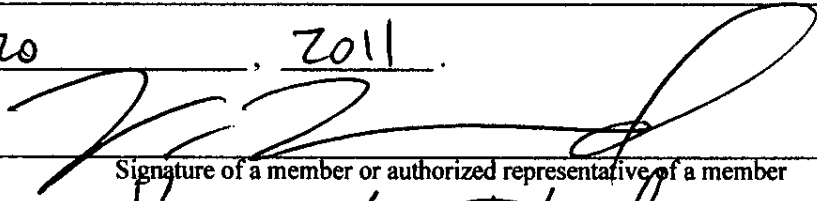
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
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| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |

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

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 2011 OCT 25 AM 11:16
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

Dated 10-20, 2011.



Signature of a member or authorized representative of a member

Vervoe L. Toland
Typed or printed name of signee