

**Florida Department of State**  
**Division of Corporations**  
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L21000483132

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : MEDEIROS SOUZA CORP  
 Account Number : I20190000068  
 Phone : (407)326-8484  
 Fax Number : (407)604-6519

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Contact@medeirosouza.com

FILED  
 2022 AUG 31 PM 12:23  
 TALLAHASSEE  
 CLERK OF COURT  
 10010

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**KING DREAM HOMES LLC**

2022 AUG 31 AM 10:45

Certificate of Status	1
Certified Copy	0
Page Count	01
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING DREAM HOMES 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 11/12/2021 and assigned Florida document number 1.21000483132.

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

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.

FILED 2022 AUG 31 PM 12:23

Handwritten initials

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>	<u>Type of Action</u>
AMBR	SLP INVESTMENTS LLC	845 N GARLAND AVE STE 100	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JC SNOW MANAGEMENT INC	110044 STAMFORD STAMFORD, CT 06911	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

