

9/26/23, 12:51 PM

Division of Corporations

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# L21000483132

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To:  
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 Fax Number : (850)617-6383

From:  
 Account Name : MEDEIROS SOUZA CORP  
 Account Number : 120190000068  
 Phone : (407)326-8484  
 Fax Number : (407)604-6519

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DEPT. OF STATE  
 DIVISION OF CORPORATIONS  
 TALLahassee, FLORIDA

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

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 01      |
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SEP 27 2023



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:

MEDEIROS SOUZA CORP

New Registered Office Address:

1711 Amazing Way, Ste 215

Enter Florida street address

Geoc

City

Florida 34761

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 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         | ADR SNOW MANAGEMENT CC | 845 N GARLAND AVE STE 100       | <input type="checkbox"/> Add               |
|              |                        | ORLANDO, FL 32801               | <input checked="" type="checkbox"/> Remove |
|              |                        |                                 | <input type="checkbox"/> Change            |
| AMBR         | KINGS GROUP USA LLC    | 7041 GRAND NATIONAL DR, STE 116 | <input checked="" type="checkbox"/> Add    |
|              |                        | ORLANDO, FL 32819               | <input type="checkbox"/> Remove            |
|              |                        |                                 | <input type="checkbox"/> Change            |
|              |                        |                                 | <input 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               |
|              |                        |                                 | <input type="checkbox"/> Remove            |
|              |                        |                                 | <input type="checkbox"/> Change            |
|              |                        |                                 | <input type="checkbox"/> Add               |
|              |                        |                                 | <input type="checkbox"/> Remove            |
|              |                        |                                 | <input type="checkbox"/> Change            |

