

L15000145818
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

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

Email Address: services@abkcorp.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CELEBRATION DREAM PROPERTIES LLC**

Certificate of Status	0
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Page Count	01
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SEP 03 2021

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CELEBRATION DREAM PROPERTIES 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:

FRANCIA CARMONA

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY RD. STE 140

Address

ORLANDO, FL 32811

City/State and Zip Code

SERVICES@ABKCORP.COM

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

For further information concerning this matter, please call:

FRANCIA CARMONA

407 898-1757

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CELEBRATION DREAM PROPERTIES LLC

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

2021 SEP -2 AM 10:47
FILED
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/31/2015 and assigned
Florida document number L15000145818.

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)

4841 KINGS CASTLE CIRCLE
KISSIMMEE, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7330 EXCHANGE DRIVE, UNIT 10
ORLANDO, FL 32809

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:

7330 EXCHANGE DRIVE, UNIT 10

Enter Florida street address

ORLANDO

City

Florida 32809

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>
MGRM	PAULA M NUNES DE ARAUJO	7330 EXCHANGE DRIVE, UNIT 10	<input type="checkbox"/> Add
		ORLANDO, FL 32809	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	SYLVIO R GONCALVES SILVA	7330 EXCHANGE DRIVE, UNIT 10	<input type="checkbox"/> Add
		ORLANDO, FL 32809	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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