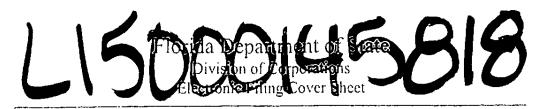
TO:18506176383 FROM:5612934213 Page: '2 09/2/2021 07:19 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

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Estimated Charge	\$25.00

SEP 0 3 2021

S. PRATHER

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Corporate Filing Menu

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Page: ' 3 +09/2/2021 07:19 AM TO:18506176383 FROM:5612934213

## **COVER LETTER**

	istration Section sion of Corporations	•
		N DREAM PROPERTIES LLC
SUBJECT:	Name of	Limited Liability Company
	Articles of Amendment and fee(s) are all correspondence concerning this ma	
		FRANCIA CARMONA
	<del></del> -	Name of Person
	A	CCOUNT BOOKKEEPING CORP
		Firm/Company
		5301 CONROY RD. STE 140
		Address
		ORLANDO, FL 32811
		City/State and Zip Code
		SERVICES@ABKCORP.COM
	E-mail addres	s: (to be used for future annual report notification)
For further in	formation concerning this matter, pleas	e call:
FR	ANCIA CARMONA	407 898-1757
	Name of Person	at ()  Area Code Daytime Telephone Number
	check for the following amount:	
<b>≘</b> \$25,00 Fi	ling Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Reg Div P.O	ing Address: istration Section sion of Corporations Box 6327 ahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 4 09/2/2021 07:19 AM TO:18506176383 FROM:5612934213

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CE	LEBRATION DRE	EAM PROPERTIES LLC	Ti c ===	
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number L15000145818	iability Company	were filed on 08/31/2015	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liah	pility company here:		
The new name must be distinguishable and contain the		lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli (Principal office address MUST BE A STREE		4841 KINGS CASTLE (	CIRCLE	
ti incipat office address 21031 BL A 31 KL	AODRESS	KISSIMMEE, FL 34746		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		7330 EXCHANGE DRIVE, UNIT 10		
		ORLANDO, FI. 32809		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the new registered	
Name of New Registered Agent:				
New Registered Office Address:	7330 EXCHANGE DRIVE, UNIT 10			
		Enter Florida sireei	nddr ess	
	ORLANDO		_, Florida <u>32809</u>	
		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.

Page: · 5 · 09/2/2021 07:19 AM TO:18506176383 FROM:5612934213

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>	Address	Type of Action
MGRM	PAULA M NUNES DE ARAUJO	7330 EXCHANGE DRIVE, UNIT 10	□Add
		ORLANDO, FL 32809	CRemove
			<b>■</b> Change
MGRM	SYLVIO R GONCALVES SILVA	7330 EXCHANGE DRIVE. UNIT 10	□ Add
		ORLANDO, FL 32809	🗀 Remove
			🗆 Add
			□Remove
			□ Change
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			□Remove
			Change
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		***************************************	□Remove
			□Change

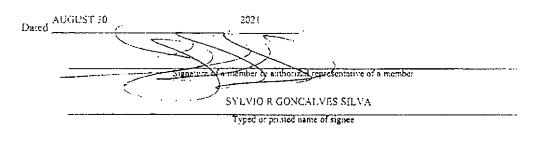
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E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3xb)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed.



2021 SE2 -2 AM 10: 47