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To:

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

From:

Account Name : ARSENAULT LAW OFFICES  
Account Number : 075350000225  
Phone : (727)584-1199  
Fax Number : (727)586-1071

18 AUG 29 AM 11:03

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

Email Address: mtntop11@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CLASSIC DREAM LLC**

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2018 AUG 29 AM 11:22

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AUG 30 2018

S. PRATHER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CLASSIC DREAM 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:

THOMAS JEFFERY

Name of Person

Firm/Company

17400 GOLF BLVD E3

Address

N. REDINGTON BEACH FL. 33708

City/State and Zip Code

Mt-atop 111@gmail.com

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

For further information concerning this matter, please call:

THOMAS JEFFERY

Name of Person

at (828)

Area Code

808 978 8

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CLASSIC DREAM 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 4/30/2008 and assigned  
Florida document number L08000043212.

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:

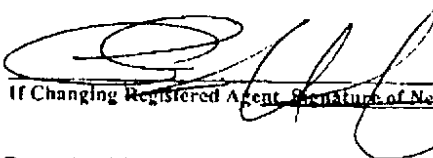
THOMAS JEFFERY

New Registered Office Address:

17400 Buif Blvd, T3 N Redington Beach  
Enter Florida street address  
N Redington Blvd, Florida 33708  
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.



If Changing Registered Agent, Signature of New Registered Agent

is 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>
MGR	CHRISTOPHER F. BYRD	501 1ST AVE SE	<input type="checkbox"/> Add
		C/O RALPH SNYDER #SL1	<input checked="" type="checkbox"/> Remove
		ST. PETERSBURG, FL 33701	<input type="checkbox"/> Change
MGR	THOMAS JEFFERY	17400 GULF BLVD I 3	<input checked="" type="checkbox"/> Add
		N. Redington Bch FL 33708	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAUREN LAWSON		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDWARD PALNQUIST		<input type="checkbox"/> Add
			<input checked="" 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

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