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10 OCT -4 PH 國 28 SECRETARY OF STATE

D. BRUCE

OCT 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Paradise Dreams Jours 22C 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:	
andrew Teletorich	
Paradise Dieams Tours L2C Firm/Company	
901 S. Stale Rd. 7 Swite 317	
City/State and Zip Code Pdfours 1 @ sm <i (to="" -com="" address:="" annual="" be="" e-mail="" for="" future="" notification)<="" report="" td="" used=""><td>10 OCT</td></i>	10 OCT
Patours 10 smcil.com E-mail address: (to be used for future annual report notification)	TARY OF ASSEE, F
For further information concerning this matter, please call:	
Undrew Telephone Number Area Code & Daytime Telephone Number	28 ORIDA
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradise Dreums Tours	116	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company w	were filed on 9/29/09 and assigned	1
Florida document number <u>L090000 94395</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and end with the words "Limited" L.L.C."	d Liability Company," the designation "LLC" or the abbrev	viation
Enter new principal offices address, if applicable:	- tourd	
(Principal office address MUST BE A STREET ADDRESS)	<u>A</u>	
	AF 00 .	77
Enter new mailing address, if applicable:	ARY	
(Mailing address MAY BE A POST OFFICE BOX)		77 ====
	987 28	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		<u>e new</u>
Name of New Registered Agent:	ew Telatorich	
New Registered Office Address: (Same) 901 So	ath State Rd-Juite 317 Enter Florida street address	
Holly	Florida 33023	<u> </u>
New Registered Agent's Signature if changing Registered Agent	City Zip Code	
srw mroisirthi Avrill's Sivilatione. Il Chabullo Revisieren Avent'		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Address** Name Type of Action Remove MGRM ☐ Add Remove ☐ Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Schuber 29 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00