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ALLAHASSEE, FLORIDA

T. HAMPTON

2 3 2011

EXAMINER

COVER LETTER i TO: **Registration Section Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Vervoe L. Toland ream Share Vacations Toland a dreum Ghaze Vacations. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status **1\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4				FILED
Dreamshape	Vacation	SEE	2011 0	CT 25 AM II: 16
(Name of the Limited L (A F	iability Compar	iv as it now appears of	n our records.)	
· (A1	lorida Liinned L	iaomity Company)	IÁIT A	HASSEE FLORIS
The Articles of Organization for this Limited Lial	bility Company	were filed on $\overline{\mathcal{I}}$	-18-17-	HASSEE. FLORIDA and assigned
Florida document number <u>4/10000</u> 81	912.			
	•			
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liabi	lity company here:	Maure in t	la Coura
A. If amending name, enter the new name of the Dream Share Vac The new name must be distinguishable and end with	cations.	LLC (Just neede.	I to add LLC
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,	'the designation "I	LC" or the abbreviation
Enter new principal offices address, if applical	ole:	7751 Ki	rys Pointe	Parkway
(Principal office address MUST BE A STREET	ADDRESS)	Snite 10	16	/ =
		Oplando	1 /100id	la 32819
D		7751 VI	a a Palata	0. 4.40 1
Enter new mailing address, if applicable:		1171	12 roinie	take way
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Swite /1	26	Parkway q 32819
		_Optand	0, 1-100,8	9 52819
B. If amending the registered agent and/or	registered off	ice address on our	records, enter t	he name of the new
registered agent and/or the new registered offi				_
	1/00	100 / 7	5/2 D/	Some as
Name of New Registered Agent:	ver	1012 4 1	olan a	ve lore)
New Registered Office Address:	7751	Ings Pointe	Parkway	Some as before) 1 Suite 106 ress
	m.	i denter	riorida street add 	ress ZZ819 Zip Code
	UR	(MOO)	, Florida	76817
		City		Lip Coue

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 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 Resistered Agent

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

MGR = Manager

<u>itle</u>	Name	Address	Type of Action
	· .		Add Remove
			Add Remove
			
			Add Remove
			[Domava
. If amend	ding any other information, enter	change(s) here: (Attach additional shee	ts, if necessary.)
			FILE 2011 OCT 25 TALLAHASSEE
			AM II: 16 OF STATE E. FLORIGA
ated	10-70	7011.	pro-
	Signature of a m	nember or authorized representative of a mer	n har

Page 2 of 2

Filing Fee: \$25.00