110000081912

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B. KOHR
FEB 1 7 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Dream Shape Vacations LLC Name of Limited Liability Company
	Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Vervor L. Toland
	Dream Share Vacations, LLC
	_
	PO Box 560 544 Address
	Address
	Orlando, Florida 32856
	City/State and Zip Code Value Toland & Orean Shape Vacations. Com E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Person
	Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
₩\$ 25	5.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>∠// 000081912</u>	pany were filed onand assigned
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 end with the words "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7-380 Sand Cake Road
(Principal office address MUST BE A STREET ADDRES.	7380 Sand Lake Road Suite 500 Orlando, Florida 32819
Enter new mailing address, if applicable:	PO BOX 560 544
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 560 544 Orlando Florida 37 8 56
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	Vervoe C. Toland 7380 Gand Lake Road, Suite 500
New Registered Office Address:	Entan Elavida atroat adduses
(On (ando, Florida 32819 City Zip Code
	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 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

MGR = Ma MGRM = 1	anager Managing Member		,
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			_
Dated	7-9, 20	212.	
	- lewor	or authorized representative of a member	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00