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SEGRETARY OF STATE
SALLAHASSEE, FLORID.

J. BRYAN
NOV 1 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida DREAM Vacation Homes, LLC	
Name of Limited Liability Company	٠٠٠٠.
	是是 工作
The enclosed Articles of Amendment and fee(s) are submitted for filing.	過ぎて
Please return all correspondence concerning this matter to the following:	Ser 1
The second secon	一份 美
Rui M. BORGES	FI OFFI
. Name of Person	3 3
Firm/Company	
14731 BRUNSWOOD WAY	
Address	
ORlando FL 32824	
City/State and Zip Code	
BOROLSCHIERING (DINTHAIL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rui BORGES at 49, 397. 2035	
Name of Person Area Code & Daytime Telephone Number	
·	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

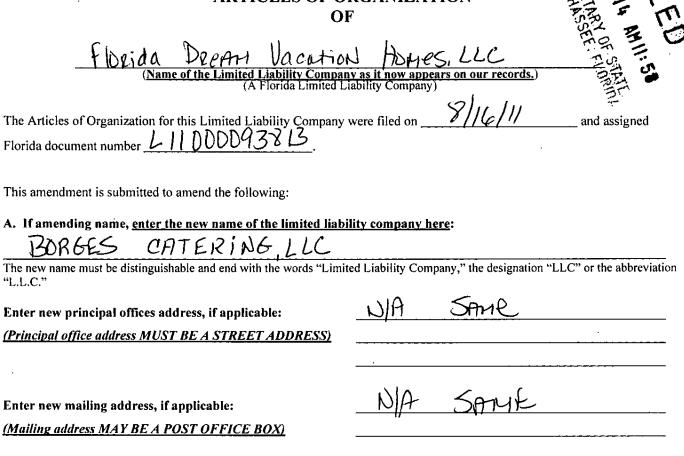
MAILING ADDRESS:

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



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:

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

"L.L.C."

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 <u>Title</u> <u>Address</u> **Type of Action** Name ARAde ☐ Add Kemove ☐ Add Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please update FEIN NUMBER FOR NOVEMBER Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00