

L12000103183 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

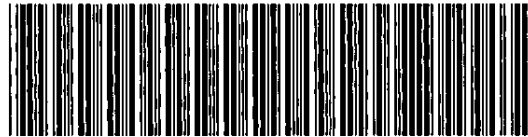
(Business Entity Name)

(Document Number)

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SEP 25 12
PM 12:02
FALL ABASS SEC. FLORIDA

B. BOSTICK

SEP 26 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR DREAM VACATIONS 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:

Lady J Sjostrom

Name of Person



Firm/Company

~~690 SW 1st St #501~~ (New address on the back).

Address

Miami, FL 33130

City/State and Zip Code

ladyjillcor@hotmail.com

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

For further information concerning this matter, please call:

Lady J Sjostrom

Name of Person

at (786)

5972211

Area Code & 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

TALLAHASSEE, FLORIDA

12 SEP 25 PM 12:02

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YOUR DREAM VACATIONS 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 August 10, 2012 and assigned
Florida document number L12000103183.

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 "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)

247 SW 8th St #340

Miami - FL - 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

247 SW 8th St #340 (LS)
Miami, Florida
33130

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:

247 SW 8th St. #340

Enter Florida street address

Miami
City

Florida

33130
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

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:

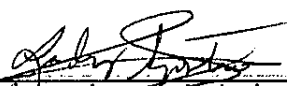
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ZOILA LUZ ICOCHEA IGREDA	6060 Indian Creek Drive. #901 Miami, FL 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated September 21, 2012



(Signature of a member or authorized representative of a member)

Lady J. Sjostrom

Typed or printed name of signee

12 SEP 25 PM 12:02
ALABAMA SECRETARY OF REVENUE