(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	ə #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



600285688186

05/12/16--01010--015 **25.00

MAY 13 2016 S. YOUNG

COVER LETTER

Division of Co	rporations				
SUBJECT:	LIGHT DREAM VACA	TION, LLC			
SUBJECT:	Name of Lim	ited Liability Company	···		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANDRE A	A. LUZ			
		Name of Person			
	LIGHT D	REAM VACATION, LLC		TALL 16	
		Firm/Company			
	7549 TATTA	7549 TATTANT BLVD			
•		Address			
	WINDERME	RE, FL 34786		ECRETARY P. FLORIDA	
		City/State and Zip Code		2	
	CARLOSPIMENTEL@CP				
	E-mail address: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
ANDRE A, LUZ		1781 606-4400 at ()			
Name o	of Person		ne Telephone Number	_	
Enclosed is a check for t	he 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 F Certificate of Certified Copy (additional copy i	Status & y	
MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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 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 10/06/2014 Florida document number L14000155746 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMIGOS DE ORLANDO, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
Florida document number L14000155746 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMIGOS DE ORLANDO, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevance new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMIGOS DE ORLANDO, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	_ and ass	igned
A. If amending name, enter the new name of the limited liability company here: AMIGOS DE ORLANDO, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:		
AMIGOS DE ORLANDO, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevance of the new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX] B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreval of the new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX] B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	viation "L.	-
Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX] B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	5	ALL
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	MA	AHR
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	12	832
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	PH	mqc
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	••	L07
Name of New Registered Agent:	52	e m
Enter Florida street address	e name	of the n
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code	

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
		<u></u>	AREMOVEC
			DRemove: CRETARY OF CHange SEE.
			Ādd Ā
			S Remove
			☐ Change
			□ Add
			□ Remove
			Change

 						
	· · · · · · · · · · · · · · · · · · ·					
						····-
			·			
						 -
	<u></u>		·			
				·		5 -FA-FA-FA-FA-FA-FA-FA-FA-FA-FA-FA-FA-FA-
						三
						12
						PH
						1: 52
			<u></u>			~

ffective date, if other th	ıan the date of fili	ing:		(0	ptional)	
an effective date is listed, the lote: If the date inserted in						
ocument's effective date of	on the Department of	f State's records.				
e record specifies a d	lelaved effective	date but not :	an effective	time at 12:0	11 am on the	earlier
The 90th day after t			an enecuve	time, at 12.0	71 0.111. 011 011	Cuinci
MAY 5th		2016				
ated		<u> </u>	•			
				_		
5	Simore de	Leina a member or authori	_ (Loli	_ بالا		

Page 3 of 3

Filing Fee: \$25.00