L15000039932

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000231198 3)))

H180002311983ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GLOBAL ONE ACCOUNTING LLC
Account Number : I20180000044
Phone : (407)989-1519
Fax Number : (407)386-8080

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CONTACT@GLOBALONEACCOUNTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DREAM VILLAS VACATION HOME LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$30.00

2018 AUG -8 PM 12:45

2018 AUG -9 PM 2:41

Electronic Filing Menu Corporate Filing Menu Help

R. FIGUEROA
AUG 09 2018

COVER LETTER

H18000231983

TO: **Registration Section**
Division of Corporations

SUBJECT: DREAM VILLAS VACATION HOME 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:

CAROLINE ROCHA
Name of Person

GLOBAL ONE ACCOUNTING LLC
Firm Company

7065 WESTPOINTE BLVD 102
Address

ORLANDO, FL 32835
City/State and Zip Code

CONTACT@GLOBALONEACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE ROCHA at (407) 989-1519
Name of Person 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

H18000231983

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H13000231283

DREAM VILLAS VACATION HOME 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 03/04/2015 and assigned Florida document number L15000039932.

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 contain 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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2018 AUG -8 PM 2:41

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:
Enter Florida street address

_____, **Florida** _____
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 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

H13000231283

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

H18000231198 3

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ALESSANDRA B FARIA PEDRO	R XAVIER DE ALMEIDA 918	☐ Add
		APT 191A	☐ Remove
		SAO PAULO, SP 42110-01 BR	☒ Change
AMBER	NATALIA FARIA PEDRO	R XAVIER DE ALMEIDA 918	☐ Add
		APT 191A	☐ Remove
		SAO PAULO, SP 42110-01 BR	☒ Change
AMBER	VICTOR HUGO FARIA PEDRO	R XAVIER DE ALMEIDA 918	☐ Add
		APT 191A	☐ Remove
		SAO PAULO, SP 42110-01 BR	☒ Change
AMBER	AMANDA FARIA PEDRO	R XAVIER DE ALMEIDA 918	☐ Add
		APT 191A	☐ Remove
		SAO PAULO, SP 42110-01 BR	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H18000231198 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* H18000231198 3

2018 AUG 8 PM 2:41

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 08, 2018.

Signature of a member or authorized representative of a member

ALESSANDRA BRITE FARIA PEDRO

Typed or printed name of signee

Filing Fee: $25.00

H18000231198 3