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— (Ad	dress)	
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COVER LETTER

SUBJECT: DREAM	Name of Limite	HARTERS L.L.(ed Liability Company	<u></u>
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Alexand	Name of Person	
	DREAM E	SCAPE CHARTERS	5 L.L.C.
	9 Queens	Address	
-	Pennings dreames E-mail address: (to	City/State and Zip Code Capecharters @ cobe used for future annual report notification	gmail.com
For further information conc	erning this matter, please cal	I:	
Alexandre Name of Pe	Reis	at (917) 664-60 Area Code Daytime Tele	phone Number
Enclosed is a check for the fo	ollowing amount:		
⚠ \$25.00 Filing Fee I	□ \$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

TO:

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

	Charlers L.L.C.
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on June 29th 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
AVA	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L.I.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	T JUL 17 AHII:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	office address on our records, enter the name othe nev
Name of New Registered Agent:	4
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	

New Repistered Agent's Signature, it thanging Repistered 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Fabiola Reis	9 Queens Ln	
		Pennington, NJ 08534	■ Remove
			☐ Change
MGR	Alexandre Reis		58 Add
		Pennington, NJ 08534	□ Remove
			Change
			D Add
			Pamove T
			SIOPOF COMMEN
			DIVISION DE CHANGE
			Remove
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			□ Remove
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amending any other i	·					
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ffective date, if other t an effective date is listed, th lote: If the date inserted ocument's effective date	in this block do	es not meet the :	applicable statuto	ling or more than 90 ory filing requiren	(optional) days after filing.) P lents, this date wi	ursuant to 605.0207 III not be listed as
e record specifies a The 90th day after			ut not an effe	ctive time, at	12:01 a.m. or	n the earlier of
ated July 14	th	20	17			
	Signati	are of a member of	r authorized repres	sentative of a memb	er	

Page 3 of 3

Filing Fee: \$25.00