

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L17000159492

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

From: Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QUILLUPANGUI GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

JAN - 9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUILLUPANGUI GROUP 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:

LIZBETH V. QUILLUPANGUI

Name of Person

QUILLUPANGUI GROUP LLC

Firm/Company

236 FIESTA DR.

Address

KISSIMMEE, FL 34743

City/State and Zip Code

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

For further information concerning this matter, please call:

LIZBETH V. QUILLUPANGUI at 407 569-6800
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUILLUPANGUI GROUP 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 07/26/2017 and assigned Florida document number L17000159492.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE SKY DREAM TEAM LLC

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)

240 PUESTA DR.

KISSIMMEE, FL 34743

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:

LIZBETH V. QUILLUPANGUI

New Registered Office Address:

Enter Florida street address

City, Florida 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)

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA A. GUANOPATIN	236 FIESTA DR.	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANKLIN D. QUILLUPANGUI	236 FIESTA DR.	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCELO QUILLUPANGUI	236 FIESTA DR.	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HENRY M. QUILLUPANGUI	236 FIESTA DR.	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

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) this date will not be listed as the applicable filing requirement.

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 JANUARY 9

/2018

Signature of a member or authorized representative of a member

LIZBETH V. QUILLUPANGUI

Typed or printed name of signee

2018 Jan 9 9:26