

L18000008996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

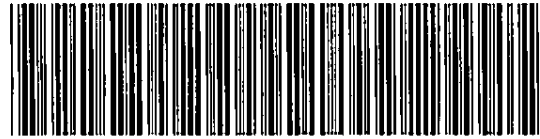
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2018 MAY 16 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
MAY 17 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DREAM CATCHERS LUXURY TRAVEL SERVICES 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:

SCOTT SCHNEIDER

Name of Person

DREAM CATCHERS LUXURY TRAVEL SERVICES LLC

Firm/Company

12022 MAJOR TURNER RUN

Address

PARRISH, FLORIDA 34219

City/State and Zip Code

flysomeplace@gmail.com

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

For further information concerning this matter, please call:

SCOTT SCHNEIDER 561 228-1288

Name of Person at () Daytime Telephone Number
Area Code

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**

DREAM CATCHERS LUXURY TRAVEL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 10, 2018 and assigned
Florida document number L18000008996.

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)

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:

SCOTT SCHNEIDER

New Registered Office Address:

12022 MAJOR TURNER RUN

Enter Florida street address

PARRISH

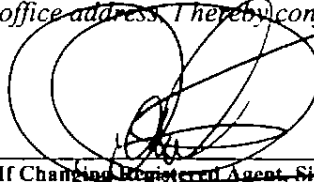
City

Florida 34219

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	KIM SCHNEIDER	12022 MAJOR TURNER RUN	☒ Add
		PARRISH, FL 34219	☐ Remove
			☐ Change
AMBR	SCOTT SCHNEIDER	12022 MAJOR TURNER RUN	☐ Add
		PARRISH, FL 34219	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 14TH DAY OF MAY 2018

TH DAY OF MAY 2018



Signature of a member or authorized representative of a member

SCOTT SCHNEIDER

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

2018 MAY 16 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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