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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

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

Email	Address:	arado 23@ Gmzil. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DREAM TRAVEL ADVENTURES NOW, LLE

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DREAM TRAVEL ADVENTURES				
(Name of the Limited Limitity Company as it (A Florida Limited Liability	now appears on our records.) Company)			
The Articles of Organization for this Limited Liability Company were for for idea document number L18000110501.	filed on and assigned			
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liability co	ompany here:			
he new name must be distinguishable and contain the words "Limited Liability Com	ippny," the designation "LLC" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:	,			
Principal office address MUST BE A STREET ADDRESS)				
TINCIPAL OFFICE ADDITION STORE A STREET ADDITIONS	. 28 			
	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			
nter new mailing address, if applicable:	<u> </u>			
Mailing address MAY BE A POST OFFICE BOX)	SE IZ			
710000 000 77172 700 700 700 700 700 700 700 700 700 7	in the second			
 If amending the registered agent and/or registered office address gent and/or the new registered office address here: 	s on our records, enter the name of the new regi			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			

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 heing 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 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	NANCY RIO	7533 SW 95 PLACE	
		MIAMI, FL 33173	72
			□Add
			□Remove
			🖸 Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			Remove
			□ Change
	A settle to the set of		DAdd
			□Remove
			∐Change

Dated

Signature of a member and Direct representative of a member

NANCY RIO

Typed or printed name of signee