

Florida Department of State  
 Division of Corporations  
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To:

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

From:

Account Name : MEDEIROS SOUZA CORP  
 Account Number : 120190000068  
 Phone : (407)326-8484  
 Fax Number : (407)604-6519

**\*\*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@medeirosouza.com

C. BRUMBLEY  
 APR 21 2022

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 ADR SERVICES ORLANDO LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

2022 APR 20 AM 9:10

2022 APR 20 PM 2:17

APPROVED  
 AND  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ADR SERVICES ORLANDO 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:

Rubem Souza

\_\_\_\_\_  
Name of Person

MEDEIROS SOUZA CORP

\_\_\_\_\_  
Firm/Company

845 N GARLAND AVE, STE 100

\_\_\_\_\_  
Address

ORLANDO, FL 32801

\_\_\_\_\_  
City/State and Zip Code

contact@medeirosouza.com

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

For further information concerning this matter, please call:

Rubem Souza

407

326-8484

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADR SERVICES ORLANDO 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 09/20/2018 and assigned  
Florida document number 118000223519.

This amendment is submitted to amend the following:

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

Kings Dream Homes LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

MEDEIROS SOUZA CORP

New Registered Office Address:

845 N GARLAND AVE, STE 100

*Enter Florida street address*

ORLANDO

*City*

Florida 32801

*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.*

*LL*

**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	Jose Carlos de Freitas	7993 Leaf Grove Cir ORLANDO, FL 32836	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAIA REIS, JOCYLENE	7993 Leaf Grove Cir ORLANDO, FL 32836	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]**Filing Fee: \$25.00**