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(((H21000441416 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COBB & COLE Account Number : 120030000050 Phone : (386)323-9247

Fax Number : (386)999-3310

\*\*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 VOLUSIA DREAM LAND LLC

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December 2, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VOLUSIA DREAM LAND LLC 66 MERRYWOOD CIRCLE ORMOND BEACH, FL 32174US

SUBJECT: VOLUSIA DREAM LAND LLC

REF: L19000228664

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

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Valerie Herring Regulatory Specialist III

FAX Aud. #: H21000439026 Letter Number: 821A00028962

## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations		
Volusia D	ream Land, LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	ibmitted for filing	
	ondence concerning this matte		
	onderice concerning this matte	t to the tonowing:	
	Kelly Moran		
		Name of Person	
	Cobb Cole Law Firm		
	<del></del>	Firm/Company .	
	149 South Ridgewood Av	renue Suitz 700	
Address			
	Daytona Beach, FL. 3211-	4	
		City/State and Zip Code	
	Kelly.moran@cobbcole.com		
	E-mail address:	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please o	all:	
Kelly Moran		386 255-8171	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Piling Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Con The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations Allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OI	F	202 SEI
Volusia Dream Land, LLC		FILE 1 DEC -3 JAHASSE
		<u> </u>
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	ASSEE ASSEE
		. الله يتم ١١١
The Articles of Organization for this Limited Liability Company v	were filed on 9/10/2019	PHO PHO EMAISSIPPED FINAL PRID. PRID.
Fiorida document number L19000228664		
Tiorida document framoer		F F
This amendment is submitted to amend the following:		,6
A. If amending name, enter the new name of the limited liabili	ity company here:	
	ay company acre.	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
2 De la constantina della cons		
Enter new mailing address, if applicable:		
- "	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		·
•		
B. If amending the registered agent and/or registered office add	drace an our records, outcombing	
agent and/or the new registered office address here:	bress on our records, enter the ham	ie of the new registered
Name of New Registered Agent:		
37 . B. 11		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	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

Title	<u>Name</u>	Address	Type of Action
MGR	Lloyd Comelius	66 Merrywood Circle NSB FL. 32174	
			■Remove
			□Change
			□Add
			□Remove
			Change
		·	□Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the document of the date of	te must be specific a his block does no	ind cannot be prio timeet the appli	cable statutory fili	more than 90 days off	o <b>tional)</b> ter filing.) Pursuan his date will not	t to 605.0207 be listed as
he record specifies a delayed eff	fective date, but n	ot an effective t	ime, at 12:01 a.m.	on the earlier of:	(b) The 90th da	sy after the
ord is filed.						
ord is filed.  Dated November 30	,	2021				
Navember 30	X.				ŢĀĻĻ	2021
November 30	Signature of	_,	orized representative	of a member	TALLAHASSEE.	

Filing Fee: \$25.00