

Division of Corporations

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Florida DC

State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CONTAGOPKINME.COM INC
Account Number : 100000000130
Phone : (954) 345-7988
Fax Number : (726) 713-1940

12/09/2020 5:00

2020

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

Email Address: _____

FULL OF DREAMS

2020 DEC -9 AM 11:32

FULL OF DREAMS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FULL OF DREAMS GROUP TOURS LLC

Certificate of Status	0
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Corporate Filing Menu

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DEC 9 2020

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12/9/2020 2:24 PM

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

FULL OF DREAMS GROUP TOURS 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 09/30/2019 and assigned
 Florida document number L19000245150.

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:

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

2020 DEC -9 AM 11:32

FILED

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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	HEREDIA, JUAN A	6039 COLLINS AVENUE APT 1111	☐ Add
		MIAMI BEACH, FL 33140	☒ Remove
			☐ Change
AMBR	DAICICH, VICTOR SEBASTIAN	6039 COLLINS AVENUE APT 1111	☒ Add
		MIAMI BEACH, FL 33140	☐ Remove
			☒ Change
AMBR	NADAL, MARIA FERNANDA	6039 COLLINS AVENUE APT 1111	☒ Add
		MIAMI BEACH, FL 33140	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

[illegible]

F. 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 801.02071 (a)(b)

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.

(b) The 90th day after the record is filed.

Dated DECEMBER 2ND 2020

Signature of a member or authorized representative of a member

MARIA FERNANDA NADAL

Typed or printed name of signer