| , , | |
|---|--------------------------|
| 120000 | 159008 |
| (Requestor's Name) (Address) (Address) | 600376287516 |
| (City/State/Zip/Phone #) | 11/12/2101013014 **01.00 |
| (Business Entity Name) | 2021 NOV 12 |
| (Document Number) | TERRAL PH 4: 16 |
| Special Instructions to Filing Officer: Q. SILAS | , 2† Φ |
| LEU - 0 2021 | |
| Office Use Only | |

COVER LETTER

TO: **Registration Section Division of Corporations**

,

Dream Wave Travel LLC

SUBJECT: _____

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:

| | Derykah Mixson | | |
|--|---|---|--|
| | Name of Person Dream Wave Travel LLC | | |
| | | | |
| | Firm/Company | | |
| | 2308 Sotterley lane | | |
| | | Address | |
| | Jacksonville,FL 32220 | | |
| | | City/State and Zip Code | |
| | Derykahm@gmail.com | | |
| | E-mail address: (| to be used for future annual report notific | ation) |
| For further information e | oncerning this matter, please c | all: | |
| Derykah Mixson | | 904 412-3205 | |
| Name o | of Person | at () Area Code Daytime T | Felephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 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 Addres Registration S | | <u>Street Address:</u> Registration Secti | ion |
| Division of C | | Division of Corpo | |
| P.O. Box 6327 Tallahassee, FL 32314 | | The Centre of Tallahassee | |
| | | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLO DH L. 15

| | | 2021 1 | UY IZ PM 4-10 |
|---|--|---|--|
| Dream Wave Travel LLC | | eter | |
| (<u>Name of the Limited L</u> (A F | <u>iability Company as it nov</u> Torida Limited Liability Co | v appears on our records.) mpany) | |
| The Articles of Organization for this Limited Liabil Torida document number | | | and assigned |
| his amendment is submitted to amend the following | រន: | | |
| . If amending name, <u>enter the new name of the</u> | e limited liability com | bany here: | |
| fixson Industry LLC | | | |
| he new name must be distinguishable and contain the words | "Limited Liability Compar | y," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | | | |
| Principal office address MUST BE A STRE <u>ET A</u> | | · | |
| Thicipal office datess most be A STREETA | <u>DDRE55)</u> | | ······································ |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE <u>A POST OFFICE BO</u> | V) | · · · · · · · · · · · · · · · · · · · | |
| Maining address WAT BE A FOST OF FICE BO | <u> </u> | | |
| | | | · · · · |
| | ·· | | 5 .1 |
| R. If amending the registered agent and/or regis | tered office address o | n aur records, enter the | name of the new registe |
| 0 0 0 0 | | n our records, <u>enter the</u> | name of the new regist |
| 0 0 0 0 | | n our records, <u>enter the</u> | name of the new registe |
| gent and/or the new registered office address h | | n our records, <u>enter the</u> | name of the new regist |
| gent and/or the new registered office address h | | n our records, <u>enter the</u> | name of the new regist |
| gent and/or the new registered office address h | <u>ere</u> : | | |
| | <u>ere</u> : | n our records, <u>enter the</u> Enter Florida street address , Florid | |

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person-being addec</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

,

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|------------|----------------|
| | | | 🗆 Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated _ | · · | 11/4/21 | · |
|---------|--------|----------------|--|
| | | Dordline a men | Her or authorized representative of a member |

Derykah Mixson

Typed or printed name of signee