LZ100019593Z

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(December 1)
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COVER LETTER

TO: Registration Se Division of Cor		÷	· · · · · · · · · · · · · · · · · · ·		
	LANDER TOURS LLC				
SUBJECT:	Name of Lim	ited Liability Company	***		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ı	MICHAEL MILANO			
		Name of Person			
	DRE	AMLANDER TOURS LL	С		
Firm/Company					
317 N. COLLIER BLVD					
	Address				
	MAR	CO ISLAND, FL 34145			
		City/State and Zip Code			
		ELPMILANO@GMAIL.C to be used for future annual report			
For further information of	concerning this matter, please c	·			
	. MILANO	407	375-0971		
Name o	of Person	Area Code D	aytime Telephone Number		
Enclosed is a check for t	he following amount:				
X ☐ \$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

Street Address: Registration Section Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREAMLANDER 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 and assign L21000195932	ined
riorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
DREAMLANDER TOURS USA LLC	
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 i	registe
agent and/or the new registered office address here:	,
\cdot .	•
Name of New Registered Agent:	
Navy Panistana d Office Address	
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	
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	
neing free to merely refreet a change in the registered office address, I hereby confirm that the timited itability	

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:

<u>Title</u>	Name	Address	Type of Action
			Db∆C
			□Remove
			□Change
			□Add
		*****	Remove
		<u> </u>	
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			☐ Remove
			Change
			□Add
			□ Remove
			Change

_____ □Remove

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Note: If the date inse	her than the date of file ed, the date must be specific a rted in this block does no date on the Department o	it meet the applical	date of filing or more to ble statutory filing rec	(option han 90 days after fil quirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
e record specifies a de	layed effective date, but n	ot an effective tim	ne, at 12:01 a.m. on th	he earlier of: (b)	The 90th day after the
rd is filed.					
rd is filed.	MAY 13	2021	- '		
rd is filed.	MAY 13		- Milano		

Filing Fee: \$25.00