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## **COVER LETTER**

TO:

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TO: R	egistration Sec ivision of Corp	ction porations			
eun inzer		DREAM SPOTS	SALES AND	LEASING LLC	Alln: Irane +
SUBJECT	:		Name of Lim	ited Liability Company	·
The enclose	ed Articles of a	Amendment and	fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concernii	ng this matter	to the following:	
		Shavonne Ec	lgecombe		
		_		Name of Person	<del></del>
		Ask & You S	Shall Receive	Realty	
		·		Firm/Company	
		721 Hwy US	i-1 suite 104		
		<del></del>	<del></del>	Address	
		North Palm I	Beach, FL 334	08	
			<del></del>	City/State and Zip Code	
		justaskvon@g		o be used for future annual re	port politication
For further	information co	oncerning this ma			ANT HOUSE GROWN
	Edgecombe			561 420-	1897
	Name of	Person		at () Area Code	Daytime Telephone Number
Enclosed is	a check for th	e following amo	unt:		
<b>■</b> \$25.00	Filing Fee	□ \$30.00 Fili Certificate	ng Fee & e of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			\	D	
Re D P.	ailing Address egistration S ivision of Co O. Box 632' allahassee, F	ection orporations 7		Division The Cent 2415 N. 1	ress: ion Section of Corporations re of Tallahassee Monroe Street, Suite 810 ee, FL 32303



October 21, 2021

SHAVONNE EDGECOMBE 721 HWY US-1 STE. 104 NORTH PALM BEACH, FL 33408

SUBJECT: FLORIDA DREAM SPOTS SALES AND LEASING LLC

Ref. Number: L21000280072

We have received your document for FLORIDA DREAM SPOTS SALES AND LEASING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P97000054072 - DREAM HOME REALTY, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00025611

Irene Albritton
Regulatory Specialist III

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA DREAM SPOTS SALES AND LEASING 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 06/16/2021	and assigned
Florida document number L21000280072		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	•	Valcoma Homa healty
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
	<del></del>	
	-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
governd vitte and too here.		
Name of New Registered Agent:		
New Registered Office Address:	_	
New Registered Office Address.	Enter Florida street	address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity performance of my duti	e. I further agree to comply with the les, and I am familiar with and

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	date, but not an effective	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ecord specifies a delayed effective is filed.				
is filed. October 8	. 2021	·		
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is filed.  ated October 8.	2021		e of a member	_

Filing Fee: \$25.00