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(((H22000296623 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

14076046519

From:

Account Name : MEDEIROS SOUZA CORP Account Number : I20190000068 Phone : (407)326-8484 Fax Number : (407)604-6519

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

Contact@medeirossouza.com Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KING DREAM HOMES LLC

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Corporate Filing Menu

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To: .	¥	Page: 4 of 7	2022-08-31 06:36:17 GMT	14076046519	From: RUBEM SOUZA
			COVER LETTER		

	Registration Se Division of Cor		-					
SUBJEC	T:	Name of Limi	ted Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	indence concerning this matter	to the following:					
		Rubem Şouza						
			Name of Person					
		Medeiros Souza corp						
			Firm/Company	 				
		845 N GARLAND AVE. S	STE 100					
			Address	······				
		ORLANDO, FL 32801						
			City/State and Zip Code					
For further Rubein St.		Contact@mederrossouza.com E-mail address: (to be used for future annual report notification)						
For furth	er information c		Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following: OUZA Name of Person Firm/Company ARLAND AVE. STE 100 Address DO, FL 32801 City/State and Zip Code medeirossouza.com E-mail address: (to be used for future annual report notification) is matter, please call: at (407) 326 - 8484 Area Code Daytine Telephone Number amount: O Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.					
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Rubem Souza Name of Person Medeiros Souza corp Firms*Company 845 N GARLAND AVE. STE 100 Address ORLANDO, FL 32801 City/State and Zip Gode contact@medeirossouza.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rubern Souza 407 326 - 8484 at (
	Name o	f Person	Area Code Dayt	ine Telephone Number				
Enclosed	Lis a check for t	he following amount:						
□ \$ 25.	00 Filing Fee		Certified Copy	Certificate of Status &				

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING DREAM HOMES LLC		_	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	11/12/2021	andassigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" c	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)			FILED PM 31 PM
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our i	records, <u>enter th</u>	re name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	 Enter Flo	rida street address	
	231111 7 111		
	Circ	Flor	I da 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 charge.

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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

Title	Name	Address	Type of Action
AMBR	SLP INVESTMENTS LLC	845 N GARLAND AVE STE 100	🗆 Add
		ORLANDO, FL 32801	≡ Remove
		***************************************	□ Change
AMBR	JC SNOW MANAGEMENT INC	110044 STAMFORD STAMFORD, CT 06911	≣ Add
			□Remove
			Change
			□Add
			Remove
			🗆 Change
	.		□Add
	□Remove		
			🗆 Add
			□Remove
			□Change
		±_***********	□Add
			□ Paravara

							
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			1				
<u>Note;</u> 11	e date, if other the tive date is listed, the d the date inserted in it's effective date on	this block does in	of meet the applic	able statutory fil	(opt more than 90 days afte ing requirements, th	tional) er filing.) Pursuant to 605, ris date will not be liste	.0207 ed as
the record : ord is filed		effective date, but	not an effective ti	me, ar 12:01 a n	on the earlier of (h) The 90th day after	the
Dated _	rlando		08/31/2022				
				_			
	•						
		Signature o	of a member or author	orized representati	ve of a member		

2022-08-31 06.36 17 GMT

From: RUBEM SOUZA

14076046519

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To.