

**L220000373917** H22000373917 3  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : HAND ARENDALL HARRISON SALE LLC  
 Account Number : 120190000128  
 Phone : (850)769-3414  
 Fax Number : (850)769-6121

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

Email Address: jcampfield@handfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 FIELDS OF DREAMS LLC**

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T. LEMIEUX  
 NOV 02 2022

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## COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: FIELDS OF DREAMS LLC

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:

JAY FIELDS

Name of Person

FIELDS OF DREAMS LLC

Firm/Company

12 SANDESTIN ESTATES DRIVE

Address

MIRAMAR BEACH, FL 32550

City/State and Zip Code

JCAMPFIELD@HANDFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA CAMPFIELD

850 650-0010  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
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

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FIELDS OF DREAMS 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 02/16/2022 and assigned  
Florida document number 1.22000077597.

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)

12 SANDESTIN ESTATES DRIVE

MIRAMAR BEACH, FL 32550

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12 SANDESTIN ESTATES DRIVE

MIRAMAR BEACH, FL 32550

**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:

ILAND ARENDALL HARRISON SALE, LLC

New Registered Office Address:

35008 EMERALD COAST PKWY, STE. 500

*Enter Florida street address*

DESTIN

Florida 32541

*City*

*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.*

DocuSigned by:

*Dion J. Manig*

E6343D-2C5A740B

If Changing Registered Agent, Signature of New Registered Agent

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If attaching Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HANA L. FIELDS	12 SANDESTIN ESTATES DRIVE	<input checked="" type="checkbox"/> Add
		MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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[illegible]

Typed or printed name of signee