

L22000093581

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000235130 3)))



H220002351303ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.
Account Number : I20010000121
Phone : (305)758-9001
Fax Number : (786)410-6035

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

Email Address: CORPORATIONS@DCS-NETWORK.COM

2022 JUL 11 PM 2:27

2022 JUL 11 AM 10:46

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUXURY DREAMS ENTERPRISE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUL 12 2022

M. SOLOMON

COVER LETTER

((H22000235130 3)))

TO: Registration Section
Division of Corporations

SUBJECT: LUXURY DREAMS ENTERPRISE 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:

BIBI HURTADO

Name of Person

DEALER CONSULTING SERVICES, INC.

Firm/Company

7537 NW 7TH AVE

Address

MIAMI, FL 33150

City/State and Zip Code

CORPORATIONS@DCS-NETWORK.COM

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

For further information concerning this matter, please call:

BIBI HURTADO

305

758-9001

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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
Tallahassee, FL 32314

Street Address:

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

((H22000235130 3)))

2022 JUL 11 AM 10:46

DocuSign Envelope ID: 7DC59778 42DC-49E4 9D10-FAD355F0D65C

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

((H22000235130 3)))

LUXURY DREAMS ENTERPRISE 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 L22000093581.

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)

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

((H22000235130 3)))

DocuSign Envelope ID: 7DC59778-42DC-49E4-9D10-FAD355F0D65C

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

((H22000235130 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	JESUS A. FERRIER ARELLANO	8045 NW 105 CT	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESUS A. FERRIER ARELLANO	8045 NW 105 CT	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL A. KORIN GONZALEZ	7454 NW 112TH PL	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33178	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 JUL 11 AM 10:46

((H22000235130 3)))

DocuSign Envelope ID: 7DC59778-42DC-49E4-9D10-FAD355F0D65C

((H22000235130 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JULY 11TH 2022

- DocuSigned by

Jesus A. Ferrer Arrellano

5AD39D553CE34

Signature of a member or authorized representative of a member

JESUS A. FERRER ARELLANO

Typed or printed name of signee

Filing Fee: \$25.00

((H22000235130 3)))