Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ISLAND DREAM VACATIONS CUTLER BAY LLC

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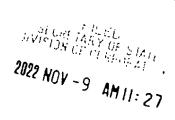
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Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ISLAND DREAM VACATIONS CUTLER BAY LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recobility Company)	ords.)	
The Articles of Organization for this Limited Liability Company w Florida document number L22000469074	ere filed on 11/02/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	LC" 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 ad agent and/or the new registered office address here:	dress on our records, <u>ent</u>	er the name of the new registered	
New Registered Office Address:	Enter Florida street add		
	Emer pioriaa sweet adaress		
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is	

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
Member	CARUS, YISELL	105 NW 121ST CT	
		MIAMI, FL 33182	□Remove
			☐ Change
Member	CARUS, CARLOS G, JR	105 NW 121ST CT	
		MIAMI, FL 33182	□Remove
			≅ Change
			□Add
			Remove
			Change
			□Remove
			□ Remove
			[] Change
			□ Add
			🗆 Remove
			□Change

		I VISTON TARLES	
D. If amending any other inform	nation, enter change(s) here: (/	Attach additional shield for conf. S. 1417. Attach additional shield for the conference of the confere	
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F - Effective date, if other than t	he date of filing:	(optional)	
(If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicable	(optional) late of filing or more than 90 days after filing.) Pursuant to 60 e statutory filing requirements, this date will not be li-	05.0207 (3)(b) sted as the
If the record specifies a delayed effect record is filed.	tive date, but not an effective time,	, at 12:01 a.m. on the earlier of: (b) The 90th day aff	ter the
Dated November 8th	. 2022		
	Tillanu Maakar		
	Someture of a member or authorize	ed representative of a member	
Tiffany Meeker, Aug	ornev-in-Fact		
	Typed or printed na	iame of signee	

Filing Fee: \$25.00