

L22000469074

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : VIVIAN R. RIVEIRO, P.A.
Account Number : 120240000029
Phone : (305)779-1079
Fax Number : (305)779-1077

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

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

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

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2024 AUG - 6 AM 10:00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
AUG - 7 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND DREAM VACATIONS CUTLER BAY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Carus
Name of Person
Firm Company
105 NW 121 Ct
Address
Miami, FL 33182
City, State and Zip Code
ccarus@miamitechnicalresearch.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos G. Carus, Jr. 305 779-1079
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 AUG -6 AM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ISLAND DREAM VACATIONS CUTLER BAY 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 03/05/2024 and assigned Florida document number L22000469074

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

_____, Florida _____

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.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos G. Carus, Jr	105 NW 121 St	<input checked="" type="checkbox"/> Add
		Miami, FL 33182	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yisell Carus	105 NW 121 St	<input checked="" type="checkbox"/> Add
		Miami, FL 33182	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Carlos G. Carus, Jr.	105 NW 121 St	<input type="checkbox"/> Add
		Miami, FL 33182	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Yisell Carus	105 NW 121 St	<input type="checkbox"/> Add
		Miami, FL 33182	<input checked="" 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

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 08 05 2024 (optional)

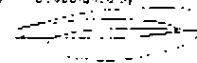
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

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 August 5

2024

DocuSigned by:

EE12ADD5E12E2E

Signature of a member or authorized representative of a member

Carlos G. Carus Jr.

Typed or printed name of signee

Filing Fee: \$25.00