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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 Phone : (775)329-7721

Fax Number : (775)376-9207

**Enter the	email a	address	for	this	business	entity	to be	used	for	future
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kgdreamvacation@gmail.com

** LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KINGS & QUEENS DREAM VACATION, LLC

Certificate of Status	0
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K. SALY

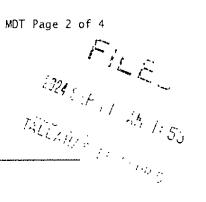
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Electronic Filing Menu Corporate Filing Menu

Help

From Comporate Service Center Inc 1.702.507.9682 Wed Sep 11 13:59:25 2024 MDT Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KINGS & QUEENS DREAM VACATION, 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 Florida document number L23000083823	ity Company were filed on 02/15/23	and assigned		
This amendment is submitted to amend the following	ह: -			
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 "LI,C" is	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A)	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		enter the name of the new		
New Registered Office Address:				
THE WINE EMERICACION CONTROL PRODUCTION CONTROL PRO	Enter Florida street address			
	, Florid	da		
	r	Zip Code		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	ent and agree to act in this capacity. I furthed complete performance of my duties, and is a gent as provided for in Chapter 605, F.S. stered office address, I hereby confirm that t	l am familiar with and 8. Or, if this document is		

II Changing Registered Agent, Signature of New Registered Agent

From Corporate Service Center Inc 1.702.507.9682 wed Sep 11 13:59:25 2024 MDT Page 3 of 4

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	Nume	Address	Type of Action
MGR	Jean Eliionard	17977-78Th Rd N	bbA D
		Loxahatchee, FL 33470	☐ Remove
			☐ Change
			D Add
			□ Remove
			Change
			D Add
			Removes
			□ Change
			□ Add
			□ Remove
			☐ Change
			O Add
			☐ Remove
			Change
			
			□ Remove
			Change

D. If ame	ending any other information, enter change(s) here: (Atto	tach additional sheets, if necessary.)	
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Note:	ive date, if other than the date of filling: N/A ective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable sta ent's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0 atutory filing requirements, this date will not be listed	207 (3)(b) Las the
If the red	cord specifies a delayed effective date, but not an e 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier	r of:
Dated	September 1/th JDJ4. Signature of a member of authorized re	representative of a member	
	Marie C Jean B		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00