L23000205294

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100409899711

RECEIVED

FLORIDA FILING & SEARCH SÉRVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06/07/23

NAME: VELVET DREAM VACATIONS, LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

		COVEREETTER	
TO: Registration Division of C			
VELVET	DREAM VACATIONS, LLC		
SUBJECT:	Name of Lis	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
	JACQUELINE M HIGGI	NS	
		Name of Person	
	VALIANT VOYAGES, I		
		Firm/Company	
	2201 RING ROAD		
		Address	
	SPRING HILL, FLORIDA	A 34609	
		City/State and Zip Code	
	JMHIGGINS@DREAMV	ACATIONS.COM (to be used for future annual report:	
For further information	concerning this matter, please c	-	notification)
JACQUELINE M HIGO		352 537-1054 at ()	
Name (of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 enclo
Mailing Addres		Street Address:	
Registration li Division of C		Registration S Division of C	
P.O. Box 632	.7	The Centre of	f Tallahassee
Tallahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLED

2023 : 14-7 PM 2:55

VELVET DREAM VACATIONS, 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 APRIL 26, 2023 and assigned Florida document number L23000205294 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VALIANT VOYAGES, LLC 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 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

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
			□Add
			□Remove
			———— Change
 -			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			— □Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

		
		2023 2023 2013 2013
		
		SA I
		75 (1)
		सी ।
***************************************	MARK	
Effective date, if other than	the date of filing:	(optional)
I an effective date is listed, the date Note: If the date inserted in the	must be specific and cannot be prior to date of filing block does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 ry filing requirements, this date will not be listed as
	c Department of State's records.	
e record specifies a delayed efferd is filed.	ctive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Dated June 6,	2023	
	<u> </u>	•
	1	

Filing Fee: \$25.00

Typed or printed name of signee