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DATE: 06/07/23

NAME: VELVET DREAM VACATIONS, LLC

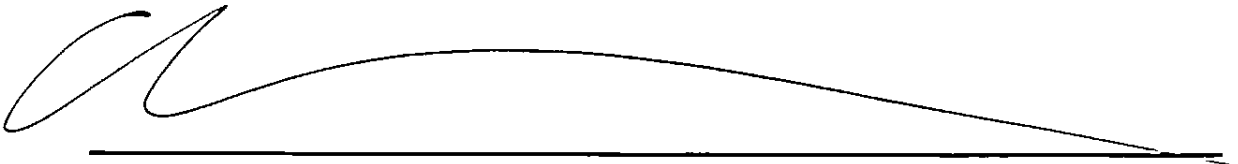
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VELVET DREAM VACATIONS, 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:

JACQUELINE M HIGGINS

Name of Person

VALIANT VOYAGES, LLC

Firm/Company

2201 RING ROAD

Address

SPRING HILL, FLORIDA 34609

City/State and Zip Code

JMHIGGINS@DREAMVACATIONS.COM

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

For further information concerning this matter, please call:

JACQUELINE M HIGGINS

352 537-1054
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☒ \$60.00 Filing Fee,
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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

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2023-04-07 PM 2:55

DEPT. OF STATE
ASSEE, FL

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If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

☐ Change

2023 JUN - 1 PM 2:30
U.S. DEPT. OF STATE
500 FT. LAUDERDALE, FL

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STATE OF FLORIDA
TALLAHASSEE, FL

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Dated June 6, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00