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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	Destinations LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maritza Oyola		
		Name of Person	···
	Dream On Destinations LI	LC	
		Firm/Company	<del></del>
	4110 Cooper Rd		
	<del></del> ::	Address	
	Plant City FL 33565		
		City/State and Zip Code	
	Marioyola1017@gmail.con		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Maritza Oyola		813 482-2790 at ( )	
Name (	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ТО		
ARTICLES OF ORG	GANIZATION	· //
OF		2023/10
Dream On Destinations LLC		2023 KAY 26 FILE
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.	J (5.7.)
(A Fiorital Elittle Diabil	ty Company)	`.`
The Articles of Organization for this Limited Liability Company were	e filed on May 22, 2023	and assigned
Florida document number L23000250524		
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 C	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u>.</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:  Name of New Registered Agent:	ess on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:	Enter Florida street address	
	_	
	, Flo	rida Ziv Code
New Registered Agent's Signature, if changing Registered Agent:		-1 -
- · · · · · · · · · · · · · · · · · · ·	1	at a second at a
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per- accept the obligations of my position as registered agent as prov- being filed to merely reflect a change in the registered office add company has been notified in writing of this change.	formance of my duties, and ided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	Maritza E Oyola	4110 Cooper Rd	□Add
		Plant City, FL	Remove
		33565	□Change
AMBR	Hiram E Oyola	4110 Cooper Rd	<b>=</b> Add
		Plant City, FL 33565	□Remove
			□Add
			Remove
			☐ Change
			□Add
			□Remove
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			Remove
			□Change

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Effective data if	other than the date	of filings			(option	al)	
f an effective date is Note: If the date i	other than the date fisted, the date must be sometted in this block over date on the Depart	pecific and cannot loes not meet the	applicable stati	filing or more than utory filing requi	90 days after fil	ing.) Pursuant to 60	5.0207 ted as
e record specifies and is filed.	delayed effective dat	e, but not an effe	ective time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day after	er the
		2023	3				
May 23		_					
Dated May 23		,					
Dated May 23	Maits	Ouols					
Dated May 23	Martza	Ouplan ature of a member	or authorized rep	resentative of a me	ember	·	

Filing Fee: \$25.00

### **COVER LETTER**

Registration Section Division of Corporations

TO:

	Destinations LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Maritza Oyola		
		Name of Person	
	Dream On Destinations LI	∟Ç .	
		Firm/Company	
•	4110 Cooper Rd		
		Address	
	Plant City FL 33565		
		City/State and Zip Code	
	Marioyola1017@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	• •
Maritza Oyola		813 482-2790 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for t	he 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 S Division of C P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dream On Destinations LLC

nations LLC

(Name of the Limited Liability Company as it now appears on per records.)
(A Florida Limited Liability Company)

The Assistance Community of Control Control Control	Commonwey filed on May 20	. 2023	andagianad
The Articles of Organization for this Limited Liability Florida document number  L23000250524			_ and assigned
Florida document number	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the I	imited liability company here:		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	ation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			· .
(Principal office address MUST BE A STREET AD	DRESS) .	*. "	
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
	<del></del>		<u> </u>
B. If amending the registered agent and/or registe	red office address on our recor	ds, enter the name	of the new registered
agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:	·-	•	
New Registered Office Address:	Enter Florida s	tusat uddraun	<del> </del>
	Lines financis		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:		•
I hereby accept the appointment as registered age		acity. I further agree	e to comply with the
provisions of all statutes relative to the proper and	d complete performance of my	duties, and I am fan	niliar with and
accept the obligations of my position as registered being filed to merely reflect a change in the regist			
company has been notified in writing of this change		agam aka me ama	en memin

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>	Name	Address	Type of Action
AMBR	Maritza E Oyola	4110 Cooper Rd	□ Add
		Plant City, FL	■ Remove
		33565	□Change
AMBR	Hiram E Oyola	4110 Cooper Rd	
	<b>5</b> -	Plant City, FL 33565	□Remove
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fective date, if other than th	ie date of filing:		(optional)	
fective date, if other than the meffective date is listed, the date mater. If the date inserted in this	ust be specific and cannot be pri-	or to date of filing or mor	e than 90 days after filing.) Purs	suant to 605,02
cument's effective date on the			requirements, this date will	not be fisted
ecord specifies a delayed effect	ive date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The 90	th day after th
is filed.				•
ted May 23	2023			
	,			
. 1	1 2 1			
Ji fail	of Oyela			
May	Signature of a member or aut	thorized representative o	f a member	<del></del>

Filing Fee: \$25.00