

L24000196327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

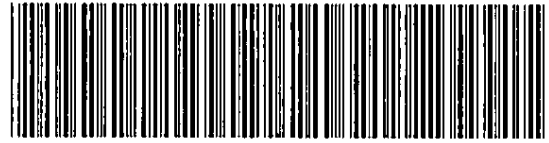
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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kelly's Travel Dreams 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:

Kelly Hatfield
Name of Person

Kelly's Travel Dreams LLC
Firm/Company

Address

City/State and Zip Code

Kellystraveldreams2024@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL.

For further information concerning this matter, please call:

Kelly Hatfield at (302) 548-8624
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
2411 S. N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Kelly's Travel Dreams 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 4/26/24 and assigned Florida document number L24000196327

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)

333 Puffer Ct
Kissimmee FL 34759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

333 Puffer Ct
Kissimmee FL 34759

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

Kelly Hatfield

New Registered Office Address

333 Puffer Ct

Enter Florida street address

Kissimmee

Florida

34759

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.

Kelly Hatfield

(If Changing Registered Agent, Signature of New Registered Agent)

If membership Authorized Persons authorized to manage, enter the title, name, and address of each person being added or removed from your records.

MEM Manager
 AUTH Authorized Member

Title	Name	Address	Type of Action
MEM	Kelly Hallfield	333 Puffer Ct Kissimmee FL 34759	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AUTH	Kelly Hallfield	333 Puffer Ct Kissimmee FL 34759	<input checked="" type="checkbox"/> Add <input 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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c. If amending any other information, enter changes in brackets.

I, Kelly Hatfield, am the
owner of Kelly's Travel Dreams, LLC.
I have no employees. I am the
only owner, employee, messenger, etc.

Please if you have any
questions please call me 309-507-8631
or email me at Kellystraveldreams@gmail.com

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Effective date, if other than the date of filing: 4/26/24 (optional)

(If an effective date is listed, the date must be specific and cannot be "priority date" at filing or more than 90 days after filing. If the date of filing is later than the date of the document's effective date on the Department of State's records, the date will be used for the record.)

If the record specifies a delayed effective date, but not an effective time, an effective time of 12:00 PM on the date of filing will be used for the record if filed.

Dated 5/30/24

Kelly Hatfield

Signature of member or authorized representative of the corporation

Kelly Hatfield

Typed printed name of member