9/28/24, 7:02 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000329533 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Phone

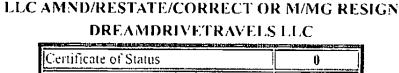
Account Number : I20010000062 : (323)962-8600

Fax Number

: (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 50 (n) Email Address:

Fma:	41	Address:
EIIIO.		MUUI (33.



Certificate of Status	0
Certified Copy	I
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Comorate Filing Menu

COT 01 2.24

ͺ To:

COVER LETTER

	gistration Sec vision of Corp							
and lear		DreamDriveTravels						
SUBJECT		Name of Limi	ted Liability Company					
The enclose	ed Anieles of a	Amendment and fee(s) are sulte	nitted for fitting.					
Płease refui	n all con expo	ndence concerning this matter (n the following:					
		Mike Town						
			Name of Person					
		Legalzoom.com, Inc.						
			Firm/Company					
9900 Spectrum Dr								
			Address					
		Austin, TX 78717						
		bamzamuzaffar l 22@gmail.	City/State and Zip Code					
			o be used for future annual report notific	cation)				
For further	information c	oncerning this matter, please ca	sil:					
Mike Tow	n		800 773-0888					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclosed is	s a check for U	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 coclosed)				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

AKTICLEŞ	OF AMENDMENT	
	ТО	
ARTICLES (OF ORGANIZATION	
	OF	
DreamDriveTravels		
(Name of the Limited Liability (A Florida Li	Company as II now appears on our records.) imited Cability Company)	<u> </u>
The Articles of Organization for this Limited Liability Corr	пралу were filed on 09/04/2024	and assigned
Florida document number L24000387386	•	v
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:	• • • • • • • • • • • • • • • • • • •	
(Principal office address MUST BE A STREET ADDRES	(22)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE ROX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address		name of the new
Name of New Registered Agent:		~ ~ ~
New Registered Office Address:	Enter Florida street address	
 †	City Z	p Code
New Registered Agent's Signature, if changing Registered A	Agent:	경우 로 [1]
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been patified in writing of this change.	nplete performance of my duties, and I am famil nt as provided for in Chapter 605, F.S. Or, if th office address, I hereby confirm that the limited	iarsaith d uit Is lithcument is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

, To:		Page: 5 of 6		
	7	If amending Authorized Person(s) as		

From; Malika Lacy

	Page: 5 of 6	2024-09-28 17	 7:06:25 PDT	LegalZoom.com, Inc.
If amen	ding Authorized Person(s) auti <u>ved from our records</u> :	horized to mana	luge, <u>enter the title, name, n</u>	nd address of each person being added
MGR =	Manager Authorized Member			
<u>Title</u>	Name		Address	Type of Action
AMBR	Hamza muzaffar	·····		O Add
				□ Remove
			7708 Addison Way Sacramento, CA. 95822	■ Change
AMBR	Usman Ahmad		708 Addison Way Sacramento, CA. 95822	■ Add
				☐ Remove
				O Change
				□ ∧dd
	•			☐ Remove
				☐ Change
		·		□ Add
				☐ Remove
				☐ Change
				☐ Remove
				□ Change
				Add
				□ Remove
				D Change

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Hamza Muzaffar

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

From: Malika Lacy