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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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11/13/24 10:10 AM  
11/13/24 10:10 AM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DREAM ESCAPE AIRBNBS 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:

KAMILLA PORTER

\_\_\_\_\_  
Name of Person

DREAM ESCAPE AIRBNBS LLC

\_\_\_\_\_  
Firm/Company

3397 CANYON FALLS DR

\_\_\_\_\_  
Address

GREEN COVE SPRINGS, FL 32043

\_\_\_\_\_  
City/State and Zip Code

KAMILLAPORTER@YAHOO.COM

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

For further information concerning this matter, please call:

KAMILLA PORTER

904 537-4899  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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**

Title	Name	Address	Type of Action
AMBR	KAMILLA PORTER	3397 CANYON FALLS DR GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**