## L24 000 427 121

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800439317918

11/13/24--01014--016 \*\*25.00

## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
DREAM E	SCAPE AIRBNBS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analogod Articles of	Amendment and fee(s) are sub	mittad for filing	
	ondence concerning this matter	-	
	KAMILLA PORTER		
		Name of Person	
	DREAM ESCAPE AIRBN	NBS LLC	
		Firm/Company	
	3397 CANYON FALLS D	PR .	
	<del> </del>	Address	
	GREEN COVE SPRINGS	, FL 32043	
		City/State and Zip Code	
	KAMILLAPORTER@YAI		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not	ification)
KAMILLA PORTER		904 537-4899	
Name o	f Person	at () Arca Code Daytin	ne Telephone Number
	•		•
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	forporations	Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee, I	こに シイントサ	Z410 IN. IVIONTO	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	
		, Florida Zip Code
registered office readiese.	Enter Florida str	eet address
New Registered Office Address:		
Name of New Registered Agent:		
gent and/or the new registered office address		
. If amending the registered agent and/or reg	gistered office address on our record	s, enter the name of the new regi
Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	
nter new mailing address, if applicable:		<u> </u>
Principal office address MUST BE A STREET		
nter new principal offices address, if applical	ble:	
ne new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
If amending name, <u>enter the new name of t</u>	the limited liability company here:	
his amendment is submitted to amend the follow	-	
lorida document number L24 000 42°		
he Articles of Organization for this Limited Lia		and assigned
	5 10/02/20	174
(Name of the Limited	<mark>d Liability Company as it now appears on o</mark> A Florida Limited Liability Company)	ur records.)
(Name of the Limited	d Liability Company as it now appears on o A Florida Limited Liability Company)	ur records.)

## 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	KAMILLA PORTER	3397 CANYON FALLS DR	<b>≣</b> Add
		GREEN COVE SPRINGS, FL 32043	□Remove
			□Change
		<del></del>	□ Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

		••		
-				
		<u> </u>		<del></del>
				<del></del>
		· · ·		<del>_</del>
<del></del>				
		-		
			<del></del>	
ffective date, if other than the data effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Department.	be specific and cannot be prior to dack does not meet the applicable	ate of filing or more than 90 statutory filing requirer	(optional)   days after filing.) Pursuant to   nents, this date will not be	605.0207 listed as
record specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on the ear	lier of: (b) The 90th day a	ifter the
ated NOVEMBER 7	2024			
ated NOVEMBER 7	2024	Port.		
ated	2024  authorized ignature of a member or authorized	I representative of a memb	oer	

Filing Fee: \$25.00