

L10000096518

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MF CORPORATE SERVICES INTL
Account Number : I20110000034
Phone : (305)856-6121
Fax Number : (305)856-6122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: csantini@bellsouth.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEW DREAMS, LLC

Table with 2 columns: Item and Amount. Rows include Certificate of Status (0), Certified Copy (0), Page Count (04), and Estimated Charge (\$25.00).

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TALLAHASSEE, FLORIDA

B. BOSTICK

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EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW 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:

Olga Santini

Name of Person

MF CORPORATE SERVICES INTERNATIONAL

Firm/Company

1541 BRICKELL AVENUE, STE 1806

Address

MIAMI, FL 33129

City/State and Zip Code

osantini@bellsouth.net

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

For further information concerning this matter, please call:

Olga Santini

Name of Person

305 856-6121

Area Code & Daytime Telephone Number

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TALLAHASSEE, FL 32301

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW 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 09/15/2010 Florida document number L10000096318

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 2013 JUN 26 AM 8:11 assigned

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1900 N Bayshore Dr. Apt. 1612 Miami, FL 33132

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1900 N Bayshore Dr. Apt. 1612 Miami, FL 33132

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

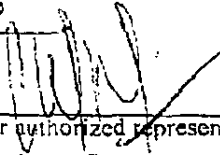
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LLANEZA, LEONARDO D	1800 N BAYSHORE DR	<input type="checkbox"/> Add
		UNIT 3310	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33132	
MGR	CORTEZ, CARLOS T	1800 N BAYSHORE DR	<input type="checkbox"/> Add
		UNIT 3310	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33132	
MGR	Mayz, Alicia	1900 N Bayshore Dr.	<input checked="" type="checkbox"/> Add
		Apt. 1612	<input type="checkbox"/> Remove
		Miami, FL 33132	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 F
 Add
 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 26th of June 2013



Signature of a member or authorized representative of a member

Carlos Cortez

Typed or printed name of signee

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TALLAHASSEE, FLORIDA