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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Dream Really 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:
Linda Willson-Shauers Name of Person
JYROD Enterprise, UC
1662 Stockton St Address
Lacksonvivle, 41 in 3204 City/State and Zip Code in the property of the
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOANNA TUKES  at 904 647-3639  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

Dream	Realy,	UC			
( <u>Name of the Limited</u> ) (A	<b>Liability Compar</b> Florida Limited Li	y as it now appears of ability Company)	n our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L/3/0004/</u>	ability Company 1459.	were filed on	119/13	and assig	med
This amendment is submitted to amend the follo	wing:				
A. If amending name, cuter the new name of	the limited liabi	lity company here:			
Linda Willson-	Shauers	LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,	" the designation "I	LC" or the ab	breviation
Enter new principal offices address, if applica	ble:	4174	Sandhil	1 Crai	ne Tex
(Principal office address MUST BE A STREET	(ADDRESS)	middle bu	IRG, FI	3206	5
				<u> </u>	
Enter new mailing address, if applicable:			~`	A S	
(Mailing address MAY BE A POST OFFICE B	ROX)		······		
	, <u>, , , , , , , , , , , , , , , , , , </u>			2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	F4.732-
•				T = T	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered off ice address here	ice address on our :	records, <u>enter i</u>	he name of ∞≥ ∪n ⊃ m ∪	the new
Name of New Registered Agent:	Linda	H Wills	son-shave.	> VS	
New Registered Office Address:	4174	Sandhill c	rane T	erra c	<u>e</u>
	middle by	Enter UNG	Florida street add	ress 320	68
		City	,	Zip Code	<del></del>

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 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>	Name	Address	Type of Action
	<del></del>		Add
			Add
-			Remove
	·		Add
		TALL A	Remove
<del></del>		HASSEE FLORIDA	Add Remove
	·	IDA	53 Add
			Remove
			Add
			Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ed	
	Signature of a member or authorized representative of a member
	Linda Willson - Shavers Typed or printed name of signee
	r Aben or brutten trame or signee

Page 3 of 3

Filing Fee: \$25.00

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SECKE IMBY OF STATE
JALLAHASSEE, FLORIDA