## L21000038196

(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: Reclived Back Le-9-25				

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February 22, 2025

CESAR CANCINO 2723 ORANGE GROVE TRAIL NAPLES, FL 34120 US

SUBJECT: DREAM CLOUD INVESTMENTS LLC

Ref. Number: L21000038196

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Articles of Amendment to Articles of Incorporation for Corporations, but your entity is a Articles of Amendment to Articles of Organization for Limited Liability Companies. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 125A00003920

Mary C Malone Amendment Section

www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations		
SUDJECT.	DREAM CLOUD IN	VESTMENTS LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing	
Please return all corre	spondence concerning this matter	to the following:	
	(	CANCINO, CESAR D	
	Name of Person		
	n Cloud Investments LLC		
	Firm/Company		
	723 ORANGE GROVE TRAIL		
	Address		
		NAPLES, FL 34120  City/State and Zip Code  cin@gmail.com  (to be used for future annual report notification)	
		City/State and Zip Code	
		ncin@gmail.com	
	E-mail address: (		
For further informatio	n concerning this matter, please o		
CES	AR CANCINO	at (239) 438-0414	
Nam	e of Person	Area Code Daytime Telephone Number	
Enclosed is a check fo	r the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Add Registratio Division of P.O. Box 6	n Section f Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(T

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dream Cloud Investments 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 on01/19/2021 and assigned Florida document numberL21000038196
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Seek E-Media LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   Contact the second
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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			□Add
			□Remove
		<del></del>	□Change
		17-3-1	□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:  (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 6  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidecument's effective date on the Department of State's records.	05.0207 (3)(b) isted as the
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 af record is filed.	fter the
Dated March 71.1. 2021	2025
Congr	HITT.
Signature of a member or authorized representative of a member	
Typed or printed name of signee	A

Filing Fee: \$25.00