h21000195467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 13 2021

Barrymillerlaw
A Business and Real Estate Law Firm

Barry L. Miller*
David Berman
Robert Garcia
Christian Walters

Kayla Manning, *Legal Asst.*
Chris Santos, *Legal Asst.*

June 10, 2021

VIA NEXT DAY AIR
Division of Corporations
Attn: Amendment Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: DREAMPRENEURS, LLC
Articles of Amendment to Articles of Organization

To Whom It May Concern:

Enclosed please find two copies of the Articles of Amendment to Articles of Organization for the above referenced limited liability company. Please file same and return one copy of the Articles of Amendment time stamped from your office to our office located at 11 N. Summerlin Ave. Ste. 100, Orlando, Florida 32801. A check in the amount of 25.00 is also enclosed to cover the filing fees associated with this matter.

Please contact our office at 407-423-1700 or kayla@barrymillerlaw.com should you have any questions or require additional information.

Sincerely,

Kayla Manning

KM/ms

Kayla Manning
Legal Assistant

Enclosure(s) Articles of Amendment to Articles of Organization
Check No.: 20804

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DREAMPRENEURS, 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:

LAURA ORTENZIO
Name of Person

Firm/Company

8954 FLUFFY LIE CT.
Address

CHAMPIONSGATE, FLORIDA 33896
City/State and Zip Code

laura.ortenzio@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian C. Walters at (407) 581-2964
Name of Person — Area Code — Daytime Telephone Number

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DREAMPRENEURS, 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 4/27/2021 and assigned Florida document number L21000195467.

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 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)

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

, **Florida**
City *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 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, 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
MGR	JAMES ORTENZIO	8954 FLUFFY LIE CT	■ Add
		CHAMPIONSGATE, FLORIDA 33896	☐ Remove
			☐ Change
MGR	LAURA ORTENZIO	8954 FLUFFY LIE CT	☐ Add
		CHAMPIONSGATE, FLORIDA 33896	■ Remove
			☐ Change
MBR	GUSTAVIO JARAMILLO	1970 E OSCEOLA PKWY STE 243	☐ Add
		KISSIMMEE, FL 34743	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated June 8, 2021.

Laura Ortenzio

dotloop verified
06/08/21 8:40 AM EDT
HIWB-YGRN-4WBE-ESSQ

Signature of a member or authorized representative of a member

Laura Ortenzio

Typed or printed name of signee

Filing Fee: $25.00