K21 000195467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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22 FEB -7 AM 10:1

To

Florida Department of State

Division of corporations

Respectfully I send this explanatory letter in case there is any confusion about my filling amendment requests attached

1) I filed on February first 02/01/2022 the dissolution of DREAMPRENEURS HOLDINGS LLC and paid the fee for it, see attached the invoice and certificate, however certificate is not showing as dissolved just yet. Hopefully by the time this mail gets to you it will be dissolved officially on the Sunbiz or/and your records.

2) The first of the amendments would be to modify the company's name of **DREAMPRENEURS LLC** for **DREAMPRENEURS HOLDINGS LLC** (recently dissolved which would have release the name for us to take it over)
3) Once **Dreampreneurs LLC** is amended will release it name, this will allow the name the amendment of **laura Catalina Ortenzio llc** for **Dreampreneurs LLC**

I hope this letter assist or bring clarity of the purpose of the modifications,

Please feel free to reach out if any of the above request are in any way confusing

I will be happy to clarify any doubt

Thank you in advance for your assistance

Respectfully

Laura Ortenzio

Laura.ortenzio@gmail.com

321-512-2886

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 Catalina Ortenzio
Name of Person

Dreampreneurs LLC
Firm/Company

8954 Fluffy Ue Ct
Address

Davenport FL 33896
City/State and Zip Code

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

For further information concerning this matter, please call:

Laura C. Ortenzio at (321) 512-2886
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

22 FEB -7 AM 10: 1

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 04/27/2021 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:

Dreampreneurs Holdings 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)

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
		Champions Gate Fl 33896	■Remove
			☐Change
AMBR	Laura Ortenzio	8954 FLUFFY LIE CT	■Add
		Champions Gate Fl 33896	☐Remove
			☐Change
AMBR	Gustavo Jaramillo	1970 E OSCEOLA PKWY	■Add
		Suite 243 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 Feb 2 2022

Laura Ortenzio

Signature of a member or authorized representative of a member

Laura Ortenzio

Typed or printed name of signee