L21 000 195467

(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:

Office Use Only





600394361386

03/14/22--01007--003 **25.00

22 SEP IN PH 6: OL

COVER LETTER

TO: Registration Se Division of Cor			-	
SUBJECT:	Dreampre	neurs Holdings	LLC	
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		austavo Jaram	illo	
		Name of Person		
		Firm/Company		
	1970	E Osceola Pki	оч. Ste 243	2
	1/::	Address	12	22 SEP 14 PM 6: 04
	<u> Pasi</u>	mmee, FL 3470 City/State and Zip Code	42	<u> </u>
	2-2	, ,	0.0.0	ָּ כיי
	E-mail address: (3tat@gmail.((cation)	
For further information c	oncerning this matter, please c		,	10 :
Ange	la Arias	-008 (Fay) _{sa}		
Name o	t Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	ne following amount:			
X \$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 State Certified Copy tadditional copy is end	
Mailing Addres Registration S		Street Address: Registration Sec	ction	
Division of C	Corporations	Division of Corp	porations	
P.O. Box 632		The Centre of T		
Tallahassee, l	FL 3231 4	2410 N. Monros	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dicamplifica	J= 1 CCC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany a <u>s it now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100019546</u> 7	y were filed on OHIZ61Z0Z1 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1970 E Osceola PKWY
(Principal office address MUST BE A STREET ADDRESS)	Ste 243
	Kissimmee, FL 34743
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22 SEP 14
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Gustavo Jaramillo
New Registered Office Address:	1970 E Osceola PKWY · Ste 243 Enter Florida street address
1	Kissimmee Florida 34743
	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 Cliapter 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 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
MBR	Laura Ortenzio	8954 Fluffy lie CT	🗆 Add
		Daveryfort F1 33896	Remove
			Change
MGR	James Ortenzio	8954 Fluffy Lie CT	□Add
		Davenfort Fl 33896	Remove
			Change
Amish	Gustavo Jaramillo	1970 F OSCEDIA PRWY	_Xadd 4743
		Ste 243 KISSIMMER FL	•
			Change
MEIR	Angela Arias	1970 É Oscaola Prwy Ste 243	CXsdd
		KISSIMMEL, FL 3-1743	□Remove
			Change
			11/15/16/19 22 Stp
			Remove
			Chànge
			□Add
			□ Ramove

		
		•
		
		22 SEP
		<u>-</u> 5
		&
		05
-		
<u>vote:</u> If	e date, if other than the date of filing:) Pursuant to 605.024 will not be list ed a
record s d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	e 90th day after th
	August 9 2022	
ated	Fitting 1	
ated	August 9 2022 Signature of a number or authorized representative of a member	

Filing Fee: \$25.00