

# L030000/92/2

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11 MAR 11 AM 9:50  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAR 15 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DREAMSCAPES INVESTMENT GROUP II, 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:

THOMAS K. BLAKELEY

Name of Person

DREAMSCAPES INVESTMENT GROUP II, LLC

Firm/Company

11515 PALMBRUSH TRAIL

Address

LAKEWOOD RANCH, FL 34202

City/State and Zip Code

lisa@blakeleyrealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA BLAKELEY

Name of Person

at ( 941 )

809-1647

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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DREAMSCAPES INVESTMENT GROUP II, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
11 MAR 11 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 29, 2003 and assigned  
Florida document number L03000019212.

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 end with 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)

6280 LAKE OSPREY DRIVE

SARASOTA, FL 34240

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6280 LAKE OSPREY DRIVE

SARASOTA, FL 34240

**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:

LISA M BLAKELEY

New Registered Office Address:

6280 LAKE OSPREY DR

Enter Florida street address

SARASOTA

Florida

34240

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 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.

Lisa M Blakeley  
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LISA BLAKELEY	6280 LAKE OSPREY DRIVE SARASOTA, FL 34240	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_,

X   
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
THOMAS K. BLAKELEY  
\_\_\_\_\_  
Typed or printed name of signee