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D. BRUCE

JAN 10 2011

EXAMINER

COVER LETTER

Division of C	Corporations			
SUBJECT:	DREA	MINGON LLC		
	Name of Lim	nited Liability Company		_
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
		Tabitha Avery		
		Name of Person		
		DREAMINGON LLC		
		Firm/Company		_
		15960 Muirfield Court		
		Address		 ·
	Fo	ort Myers, Florida 3390	08	
		City/State and Zip Code		
	dre E-mail address:	eamingonllc@gmail.co	m	CO For 1 Comment
For further information	n concerning this matter, please	•	or normeation)	T FOR
	Tabitha Avery	at (_239)	362-3126	32 RID/
Nam	e of Person		Daytime Telephone Nun	nber
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certification Ce	Filing Fee, icate of Status & ied Copy ional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

	DREAMIN			
(<u>Name of the Limite</u>	d Liability Compa A Florida Limited	i ny as it now appe Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Florida document number	• • •	were filed on	March 13, 2006	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company ho	e <u>re</u> :	
The new name must be distinguishable and end w"L.L.C."	vith the words "Lim	ited Liability Com	oany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	icable:	same		4.
(Principal office address MUST BE A STREET ADDRESS)				
			<u>:</u>	
Enter new mailing address, if applicable:		same		P III
(Mailing address MAY BE A POST OFFICE BOX)				- W
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter t	he name of the new
Name of New Registered Agent:	Tabitha Ave	ery		
New Registered Office Address:	15960 Muir	field Court		
		E	nter Florida street add	ress
		Fort Myers	, Florida	33908
		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.

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>	Type of Action
MGRM	Kenneth Avery	15960 Muirfield Court Fort Myers, Florida 33908	Add Remove
MGRM	Tabitha Avery	15960 Muirfield Court Fort Myers, Florida 33908	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessa	IT JAN - 7
			PHIZ 3
Dated	1/6	<u>20 </u>	
		ember or authorized representative of a member	
		Kenneth Avery, MGRM yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00