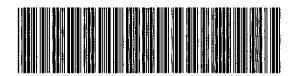
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AUG 0 3 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	ECT:	American D	ream Makers, LLC			
,		Name of Lim	ted Liability Company			
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
Darcie Pollard						
			Name of Person			
Firm/Company						
5500 Central Ave						
Address					_	
		01	American Dream Makers, LLC Name of Limited Liability Company endment and fee(s) are submitted for filing. nee concerning this matter to the following: Darcie Pollard Name of Person American Dream Makers, LLC Firm/Company 5500 Central Ave Address St. Petersburg, FL 33707 City/State and Zip Code PollardDL@aol.com E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) Perming this matter, please call: B Pollard son at (727) Area Code & Dayrime Telephone Number St. Petersburg, FL 33707 City/State and Zip Code PollardL@aol.com E-mail address: (to be used for future annual report notification) E-ming this matter, please call: Certified Copy (additional copy is enclosed) St. ADDRESS: n Section Corporations 1 St. ADDRESS: n Section Registration Section Division of Corporations Cilifon Building Cilifon Building			
					AR L	
		American Dream Makers, LLC Name of Limited Liability Company Sees of Amendment and fee(s) are submitted for filing. Darcie Pollard Name of Person American Dream Makers, LLC Firm/Company 5500 Central Ave Address St. Petersburg, FL 33707 City/State and Zip Code PollardDL@aol.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: Darcie Pollard Name of Person Area Code & Daytime Telephone Number k for the following amount: Fee S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations Clifton Building				
				cation)		
For fur	ther information	concerning this matter, please of	call:		ST ST	
	D	arcie Pollard	ot (727)	254-3982	RIDE RIDE	
			at (<u> </u>		r	
Enclos	ed is a check for	the following amount:				
□\$25	5.00 Filing Fee		Certified Copy	Certifica) Certified	ite of Status & I Copy	
	Regis Divisi P.O. I	tration Section ion of Corporations Box 6327	Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations nter Circle	,	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

. Am (<u>Name of the Limite</u>	erican Drear d Liability Compa A Florida Limited I	n Makers, LLC ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on	5/18/2007	and assigned	
Florida document number L0700005	3610				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:	:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		5500 Central Ave			
(Principal office address MUST BE A STRE	Saint Petersbu	rg, FL 33707	O9.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	5500 Central Ave Saint Petersburg, FL 33707				
B. If amending the registered agent and	or registered of	Tice address on ou	3	he name of the nev	
registered agent and/or the new registered (· -		
Name of New Registered Agent:	ard				
New Registered Office Address:	5500 Centra				
	Enter Florida street address				
	Sair	nt Petersburg	, Florida		
N. B. C. L. L. C.	.	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register the provisions of all statutes relative to the		-		• -	

Page 1 of 2

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 Type of Action Title Address Name ShareHolder Micheal Schullz Remove ☐ Add ☐ Remove ∏Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Micheal Schultz and Darcie Pollard whom both have interest in American Dream, Makers, LLC have agreed to appoint Darcie Pollard as Registered Agent for American Dream Makers, LLC and furthermore Micheal Schultz surrenders any and all Ownership Interest, Control or Stock in American Dream Makers, LLC to Darcie Pollard Effective Immediately. 2009 July 15th Dated ignature of a member or authorized representative of a member Darcie Pollard Micheal Schultz

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00