## 19126000011PP

| (Re                     | questor's Name)   |             |
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| (6.4)                   | dress)            |             |
| (AO                     | aless)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT              | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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2020 JAN - 2 PH 6: 00

C. GOLDEN
JAN 3 0 2020

| Division of Con                 |  | en de la companya de<br>La companya de la co |   |
|---------------------------------|--|--|---|
|                                 | LL A DREAM, 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:  |   |
|                                 | LISSETTE C ARENCIBIA                         | 4  |   |
|                                 |  | Name of Person   | <del></del>   |
|                                 |  | Firm/Company   |   |
|                                 | 200 NW 135TH AVENUE                          | E  |   |
|                                 |  | Address  |   |
|                                 | MIAMI, FL 33182                              |  |   |
|                                 | LISSETTE418@GMAIL.C                          | City/State and Zip Code OM   |   |
|                                 | E-mail address: (                            | to be used for future annual report noti   | fication)   |
| For further information of      | concerning this matter, please c             | all:   |   |
| LISSETTE C ARENCIE              | BIA  | 305 505-2723   |   |
| Name o                          | f Person                                     |  | e Telephone Number  |
| Enclosed is a check for the     | he 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address                 |  | Street Address:  |   |
| Registration !<br>Division of C |  | Registration Sec<br>Division of Cor  |   |
| P.O. Box 632                    | -  | The Centre of T  |   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION OF

| IT WAS ALL A DREAM, LLC  |  |   | 2020 1411-2 PH 6: 00         |
|--|--|---|------------------------------|
| ( <u>Name of the Lim</u>   | ited Liability Com<br>(A Florida Limited | pany as it now appears on our records.)<br>d Liability Company) |                              |
| The Articles of Organization for this Limited I Florida document number L07000097166       | Liability Compan                         | y were filed on 9/24/2007                                       | and assigned                 |
| This amendment is submitted to amend the fol   | lowing:                                  |   |                              |
| A. If amending name, enter the new name  | of the limited lia                       | bility company here:  |                              |
| N/A  |  |   |                              |
| The new name must be distinguishable and contain the                                       | words "Limited Lial                      | bility Company," the designation "LLC" or                       | r the abbreviation "L.L.C."  |
| Enter new principal offices address, if appli  | cable:                                   | N/A   |                              |
| (Principal office address MUST BE A STRE   | ET ADDRESS)                              |   |                              |
|  |  |   |                              |
| Enter new mailing address, if applicable:  |  | N/A   |                              |
| Mailing address MAY BE A POST OFFICE   | BOX)                                     |   |                              |
|  |  |   |                              |
| B. If amending the registered agent and/or agent and/or the new registered office address. | registered office<br>ess here:           | address on our records, enter the                               | e name of the new registered |
| Name of New Registered Agent:  | N/A                                      |   |                              |
| New Registered Office Address:   | N/A                                      |   |                              |
| -  |  | Enter Florida street address                                    |                              |
|  |  | . Florie  | da                           |

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

## MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>       | Type of Action |
|--------------|-------------------|----------------------|----------------|
| AMBR         | FRANCISCO DARQUEA | 534 47TH STREET      | □Add           |
|              |                   | UNION CITY, NJ 07087 | ■Remove        |
|              |                   |                      | ☐ Change       |
|              |                   |                      | □Add           |
|              |                   |                      | □Remove        |
|              |                   |                      | □Change        |
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| Tective date, if other than the date of filing:    12/28/2019   |   |   |   |   | <del></del>                            |
|---|---|---|---|---|--|
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| Frective date, if other than the date of filing:    12/28/2019  |   |   |   |   | <del>.</del>                           |
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| Signature of a member or authorized representative of a member  | DECEMBER 28   | 2019  |   |   |  |
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| LISSETTE C ARENCIBIA  |   |   |   |   |  |
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