

LO8000071528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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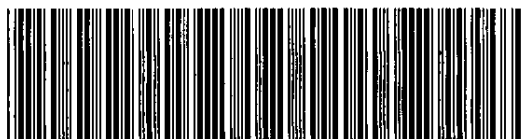
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MAR 27 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lucid Dream Entertainment, 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:

Gabrielle C. Bozza, Esq.

(Name of Person)

Bozza Law, P.A.

(Firm/Company)

5020 Biscayne Blvd.

(Address)

Miami, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabrielle Bozza

(Name of Person)

at (954) 533-5423

(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**

Lucid Dream Entertainment, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 5, 2008 and assigned
Florida document number L08000075228.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Lamon P. Caldwell II

New Registered Office Address:

3816 W. Linebaugh Ste 210

(Enter Florida street address)

Tampa

(City)

Florida

33618

(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)

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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	Kevin H Dahl	700 S. Harbour Island Blvd. Suite 718 Tampa, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/>
MGRM	Lamon P. Caldwell	3816 W. Linebaugh #210 Tampa, FL 33618	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>

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

Dated December 21

2008

Simeon Rice

Signature of a member or authorized representative of a member

Simeon Rice

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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