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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified copies Certificates of Status				
Special Instructions to Filing Officer:				
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TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 1 6 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor				
SUBJI	ECT:	DREAMSON	165 LLC	h	
		Name of Lim	ited Liability Company		
The en	closed Articles of Ame	endment and fee(s) are sul	bmitted for filing.		
Please	return all corresponde	nce concerning this matter	r to the following:		
	_	HAZCET	- 46NO UW Name of Person		
			Name of Person		
		DAZAI	USONGS LIC	•	
			Firm/Company		
		6522 1415:	- LANT N.		
6522 14/57 LANT N. Address					
	_	PALM BEA	CH GANDENS, F	2 33418	
	·	dreaus on	ps 17 @ msn · Cen To be used for future annual repo	44	
For fur	rther information conce	erning this matter, please of	-		
	2 -2/23 Daytime Telephone Number				
Enclos	ed is a check for the fo	llowing amount:			
⊡ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is er	

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

DREAMSENES LLC

FILED

2011 NOV 14 PM 3: 06

GET MARY OF STATE

(<u>Name of the Limited Li</u> (A Fl	ability Company orida Limited Liab	as it now appe pility Company	ars on our reco	MESSEE, FLORIU	A
The Articles of Organization for this Limited Liabi		ere filed on	<u> SEPT 18</u>	, 2008 and as	signed
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liabilit	y company h	ere:		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited	Liability Com	pany," the desig	nation "LLC" or the	abbreviation
Enter new principal offices address, if applicabl	le:				
(Principal office address MUST BE A STREET A	ADDRESS)				
Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE BO	<u>.xo</u> .			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office	_	e address on	our records,	enter the name of	of the new
Name of New Registered Agent:					
New Registered Office Address:		I	Enter Florida st	reet address	
			, Flo	rida	
-	(City		Zip Cod	e

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	ALLYSON MEISTER	PAUM BEACH GARDENS, I	. ☑ Add F2 334/8 ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if ne	POLICE TO SEE THE POLICE TO SE
- - -			
Dated	11/8/11 November 8,	2011	3: 06 FATE LORIDA
	,	ber or authorized representative of a member	
	MARCEL AGNOLIT		
	Tur	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00