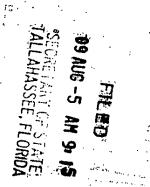
## 09 444 64 885

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
O THE ASSESSMENT OF THE OWNER OWNER OWNER OF THE OWNER						
Special Instructions to Filing Officer:						
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Survey Block of

B. KOHR

AUG - 7 2009

**EXAMINER** 

## **COVER LETTER**

τ̈O:

P.O. Box 6327

Tallahassee, FL 32314

ΤΌ:	Registration Se Division of Co						
SUBJECT: DREAMS IN CONCRETE INVESTMENTS CO,"LLC"							
SCEG			ted Liability Company				
				بالمناسبة المناسبة ا			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence concerning this matter		ondence concerning this matter	to the following:	THE THE			
			JORGE PADILLA	5 6			
DREAMS IN (			Name of Person	SECTION			
		DREAMS IN (	CONCRETE INVESTMENTS	CO. 70 5			
			Firm/Company	- Branch			
			P.O.BOX 570431				
•			Address				
		Or	lando, FL. 32857-0431	•			
			City/State and Zip Code	<u></u>			
		green	gemgeorge@yahoo.com to be used for future annual report notifica	tion)			
For fur	ther information (	concerning this matter, please of		inon,			
r or rui	diei imormanon	concerning and matter, prease c					
		RGE PADILLA	ai (	85 6401			
	Name (	of Person	Area Code & Daytime	elepnone Number			
Enclos	ed is a check for t	the following amount:					
<b>▼</b> \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations		ration Section	STREET/COURIE Registration Section Division of Corporat				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DREAMS IN CONCRETE INVESTMENTS CO, "LLC" (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

		1.1.04.0000	
The Articles of Organization for this Limited Liabili	• •	July 21 2009	and assigned
Florida document number L0900006988	<u>5                                    </u>		
	•		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	والميران المراجع المرا
The new name must be distinguishable and end with the	words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
"L.L.C."			ATT. TO
Enter new principal offices address, if applicable	<u> </u>		6 3
(Principal office address MUST BE A STREET A	DDRESS)		多いの
			SEC 3
	<del></del>	<del></del>	200
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE BOX	3		7
<u> </u>	<u> </u>		
B. If amending the registered agent and/or re	egistered office address on	our records, enter the	he name of the new
registered agent and/or the new registered office		<u> </u>	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	E	nter Florida street addi	ress
<del>-</del>	City	, Florida	Zip Code
	Cy		hip 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 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> **Address** Type of Action Mrs. PATIÑO, MITZY CAROL CII.64a 105 c 21 ☐ Add Bogotá, DC 9 Co. Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 3 2009 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00