

LD9000084012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400207435514

05/12/11--01013--012 **30.00

FILED
2011 MAY 12 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 13 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DREAM LIFE ENTERTAINMENT
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:

BERNARD KRIEF

Name of Person

DREAM LIFE ENTERTAINMENT

Firm/Company

2301 COLLINS AVE # 1530

Address

MIAMI BEACH, FL33139

City/State and Zip Code

bernard@dream-life-entertainment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERNARD KRIEF

Name of Person

at (**786**)

541 5704

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

FILED

2011 MAY 12 PM 2:07

DREAM LIFE ENTERTAINMENT LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on AUG. 31, 2009 and assigned
Florida document number L09000084012.

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:

2301 COLLINS AVE # 1530

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FL33139

Enter new mailing address, if applicable:

2301 COLLINS AVE # 1530

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL33139

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:

BERNARD KRIEF

New Registered Office Address:

2301 COLLINS AVE # 1530

Enter Florida street address

MIAMI BEACH

Florida

33139

City

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

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	SEBASTIEN STUDER	407 Lincoln Road, Suite 12C MIAMI BEACH, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BERNARD KRIEF	2301 COLLINS AVE # 1530 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove


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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 12 PM 2:57

FILED

Dated _____



Signature of a member or authorized representative of a member

SEBASTIEN STUDER - BERNARD KRIEF

Typed or printed name of signee