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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:





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COVER LETTER

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SUBJECT:	Dream Buile	der Solutions, LLC	1,		
		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Woodrow Bridges			
			Name of Person		
		Dream Builder Solutions, I	LLC		
	Firm/Company				
	10439 Alico Pass				
			Address		
		New Port Richey, FL 3465	55		
		 	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		nanc34@aol.com			
		E-mail address: (t	o be used for future annual report notifica	ation)	
For further in	iformation co	ncerning this matter, please ca	all:		
Nancy Bridg	ges		727 815-7946 at ()		
	Name of	Person	Area Code Daytime T	elephone Number	
Enclosed is a	check for the	e following amount:			
\$25.00 F	iling 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

TO:

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

(<u>Name of the Limited Linbi</u> (A Flori	lity Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L10000044014		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	<u> </u>
•		•
		÷ ,
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office ado	istered office address on our records, dress here:	enter the name of the
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida Zip Code
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nancy Bridges	10439 Alico Pass New Port Riches	
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
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			Remove
			☐ Change T
			
			়ে □ Remove
			Change
			Add
			□ Remove
			□ Change

Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 645.02 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 90th day after the record is filed. Annuary 3				
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	Nancy Bridges			r∨

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Typed or printed name of signee

Filing Fee: \$25.00