

L10000062971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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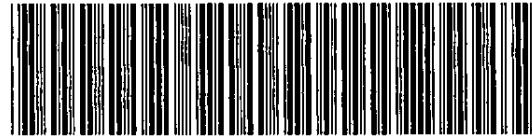
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JUL 24 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL DREAM SOLUTION, 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:

ALIRIO ZAVARCE

Name of Person

CAPITAL DREAM SOLUTION, LLC

Firm/Company

16219 Emerald Cove Rd

Address

Weston, FL 33331

City/State and Zip Code

aliriozavarce.ve@gmail.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Alirio Zavarce

Name of Person

at (954)

599-6219

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**

CAPITAL DREAM SOLUTION, 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 06/14/2010 and assigned Florida document number L10000062971.

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)

16219 Emerald Cove Rd

Weston, FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16219 Emerald Cove Rd

Weston, FL 33331

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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:

Alirio Zavarce

New Registered Office Address:

16219 Emerald Cove Rd

Enter Florida street address

Weston

City

, Florida

33331

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	ZAVARCE, ALIRIO A	PO BOX 266755 WESTON FL 33326 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANGULO, NEREIDA M	PO BOX 266755 WESTON FL 33326 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ZAVARCE, GABRIELA A	PO BOX 266755 WESTON FL 33326 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ZAVARCE, ALIRIO A	16219 Emerald Cove Rd Weston, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANGULO, NEREIDA M	16219 Emerald Cove Rd Weston, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ZAVARCE, GABRIELA A	16219 Emerald Cove Rd Weston, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 17th, 2012

Signature of a member or authorized representative of a member

Alirio Zavarce

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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