

L10000062971

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

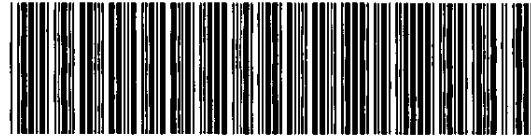
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
16 JUN 24 PM 1:18  
TALLAHASSEE, FLORIDA

**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:

**MARY PIERLUISSI**

Name of Person

**MPE CONSULTING CORP**

Firm/Company

**2700 GLADES CIRCLE STE 127**

Address

**WESTON, FL 33327**

City/State and Zip Code

**maryp@mpeconsulting.net**

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

For further information concerning this matter, please call:

**Mary Pierluissi**

Name of Person

at **786 487.2340**

Area Code

Daytime Telephone Number

**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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JHON BENLOLO	4424 WESTON RD	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33331	<input type="checkbox"/> Remove
MGR	YOLANDA SAPIAIN	4424 WESTON RD	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33331	<input type="checkbox"/> Remove
MGRM	NEREIDA ANGULO	4424 WESTON RD	<input type="checkbox"/> Add
		DAVIE, FL 33331	<input checked="" type="checkbox"/> Remove
MGRM	ALIRIO ZAVARCE	4424 WESTON RD	<input type="checkbox"/> Add
		DAVIE, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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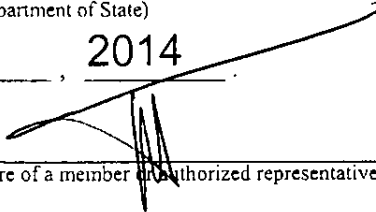
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 21, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

14 JUN 24 PM 1:18  
FALLAND, J. J. 06/04