L10000125789

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
· (Cit	ty/State/Zip/Phone	= #)		
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D. BRUCE

DEC 2 1 2010

EXAMINER

COVER LETTER

Division of C	orporations			
SUBJECT:	Dreams Made	e Possible by BV, LL	-C	
	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
		William D. Vasquez		_
		Name of Person		
		Firm/Company		_
	4505 Sc	outhwest 52nd Circle Ap	ot. 102	-
		Address		
		Ocala, FL 34474 City/State and Zip Code		-
	bill.v	asquez@thevillages.co	om	10 DE
For further information	concerning this matter, please	-	· notineution)	TO DEC 20 PH 3: C
	am D. Vasquez	at (352)	537-2020 Daytime Telephone Number	FF 22 IT
Name	ot reison	Alea Code & L	ayume Telephone Numbe	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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 end	closed) Certific	ate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Dreams Ma	ade Possible by BV, L	LC	_
(Name of the Edither Liability) (A Florida	ity Company as it now appears a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number L10000125789	Company were filed on	1/1/2011 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company here	2	
William	Daniel Vasquez, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADE	ORESS)		<u> </u>
		<u> </u>	<u> </u>
		152	20
Enter new mailing address, if applicable:			2 171
(Mailing address MAY BE A POST OFFICE BOX)		ES OR	9 []
			<u> </u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		£>×	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Ente	er Florida street address	
		, Florida	
	City	Zip C	'ode

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 Title **Type of Action** <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∐Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member William Daniel Vasquez Typed or printed name of signee

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Filing Fee: \$25.00