

9/20/22, 3:41 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L11000055323

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000326021 3)))



H220003260213ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : EDDIE FERNANDEZ, PA
 Account Number : I20190000058
 Phone : (407)574-5009
 Fax Number : (407)574-5953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LIVE THE DREAM MANAGEMENT GROUP, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2022 SEP 20 AM 8:58

APPROVED
 AND
 FILED

2022 SEP 20 PM 4:24

SEP 21 2022

((H22000326021 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIVE THE DREAM MANAGEMENT GROUP, L.L.C.
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:

Eduardo J. Fernandez
Name of Person

Fernandez Legal
Firm/Company

135 W. Central Blvd.
Address

Orlando, FL 32801
City/State and Zip Code

wil@goldendoughfoods.com, cjfc@fernandez-legal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo J. Fernandez, Esq. at (407) 5745009
Name of Person 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 Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

((H22000326021 3)))

((H22000326021 3))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVE THE DREAM MANAGEMENT GROUP, L.L.C.

(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 05/17/2011 and assigned Florida document number L11000058323.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

941 W. Morse Blvd Ste. 100

(Principal office address MUST BE A STREET ADDRESS)

Winter Park, FL 32789

Enter new mailing address, if applicable:

941 W. Morse Blvd Ste. 100

(Mailing address MAY BE A POST OFFICE BOX)

Winter Park, FL 32789

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:

Torres, Will, Mr

New Registered Office Address:

941 W. Morse Blvd Ste. 100

Enter Florida street address

Winter Park

Florida

City

APPROVED AND FILED
2022 SEP 20 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

32789

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

((H22000326021 3))

((H22000326021 3))

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

((H22000326021 3))

