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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: My AMERICAN DROAM 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:
malio molikawa
Name of Person
my American Dream /c
1901 Backell Ave - B1907
Miami - fl. 33129 City/State and Zip Code ma Riomorikawa (a hotmail. com
ma lio marika wa (a) hot meil. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIO MORIKAWA at (305) 469. 4476 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certifi

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

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

, Florida ___

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 = Ai	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MER	LORENZO, MADAYS	290 NW 2Nd ST. # 903	
		290 NW 2Nd ST. # 903 Miami - 1 33128	Remove
			Add
			□ Remove
		 	
	 		Add
			□ Rêmove
			<u> </u>
· · · · · · · · · · · · · · · · · · ·			☐ Add
.			Add
			☐ Remove
			Add
			Remove

, ii an	iending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
	•
Fffee	etive date, if other than the date of filing:(optional)
(The el	Piective date must be specific, cannot be prior to date of receipt or filed date and rannot by more than 90 days after
the d	ate this document is filed by the Florida Department of State)
Date	, 07 - 28 2014 // //)
Date	- Ilmumy
	1 July
	Signature of a member of authorized representative of a member/
	MARIO H. MORIKAWA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00