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SEP 18 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dream Come True Enterprises 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:
Richard D. Webb
Dream Come True Enterprises LCC
3517 Ralston Rd
Plant City FC 33566 City/State and Zip Code Rick Web 589 @ 10/2001. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rick Webb at (8/3) 455-7304 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\simeg \\$30.00 Filing Fee & \$\simeg \\$55.00 Filing Fee & \$\simeg \\$60.00 Filing Fee, \$\simeg \\$certificate of Status & \$\simeg \\$certified Copy (additional copy is enclosed) \$\simeg \\$60.00 Filing Fee, \$\simeg \\$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**

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(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records P-9 P U 30
The Articles of Organization for this Limited Liability Company Florida document number \(\frac{\int 1/000///069}{} \).	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	0 / /
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3517 Kalston Rd Plant City Fl 33566
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3517 Balston Rd Plant City FL 33566
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address:	RICHARD D. Webb 517 Ral Ston Rd Enter Florida street address
Plan	Finter Florida street address Florida 33566 City T 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 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 **Type of Action** Title Name **Address** MGR Jennifer L White 5737 LAZY CREEK Dr DAD Lakeland FC 33811 Remove ☐ Change MGRM Ed G. White 5737 Lazy CREER Dr _ OAdd Lakeland FL 338// Kremove MGRM John W. Killan 6279 Highlands Rise Dr DAdd Lakeland FL 33813 ARemove ☐ Change 5737 LAZY CREEK Dr - Add

Eakeland FL 33811 Remove Jessica L Webb MGRM ____ Change □ Add ☐ Remove Change ☐ Add ☐ Remove □ Change

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(If an effective d. Note: If the o	te, if other than the date of filing: \(\frac{\frac{3}{2} - \frac{20}{9} \) (optional) (optional) late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ffective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied day after the record is filed.
Dated	9-52019
	Success a Vinte
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00