

L12000049244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

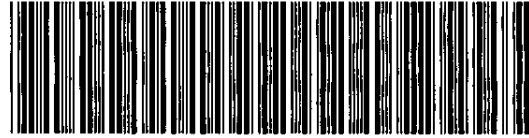
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAM1, 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:

Diane Rossi

Name of Person

DREAM1, LLC

Firm/Company

820 S. Lake Adair Blvd.

Address

Orlando, FL 32804

City/State and Zip Code

drossi.billing14@gmail.com

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

For further information concerning this matter, please call:

Diane Rossi

Name of Person

at (813) 300-2304

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/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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2014 NOV 12 PH 2:53

DREAM1, LLC

(Name of the Limited Liability Company as it now appears on our records:
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/19/12 and assigned
Florida document number L12000049244

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)

820 S. Lake Adair Blvd.
Orlando, FL 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

820 S. Lake Adair Blvd.
Orlando, FL 32804

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:

820 S. Lake Adair Blvd.

Enter Florida street address

Orlando

Florida

32804

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>
<u>MGR</u>	<u>Richard Rossi</u>	<u>820 S. Lake Adair Blvd</u>	<input type="checkbox"/> Add
		<u>Orlando, FL 32804</u>	<input checked="" type="checkbox"/> Address change
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>Elizabeth Rossi</u>	<u>820 S. Lake Adair Blvd</u>	<input type="checkbox"/> Add
		<u>Orlando, FL 32804</u>	<input checked="" type="checkbox"/> Address change
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>Anne Marie Williams</u>	<u>820 S. Lake Adair Blvd</u>	<input type="checkbox"/> Add
	<u>(previously Rossi)</u>	<u>Orlando, FL 32804</u>	<input checked="" type="checkbox"/> Address change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 NOV. 8, 2014

Diane E. Ross

Signature of a member or authorized representative of a member

Diane E. Ross

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA