

L12000114081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

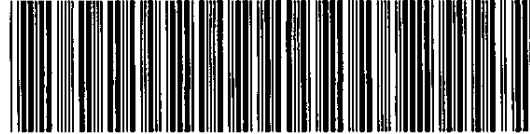
(Business Entity Name)

(Document Number)

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FILED  
2015 JUL 27 AM 10:07  
TALLAHASSEE, FLORIDA

N. Culligan JUL 29 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DREAMWAYS 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:

Hector Lapadula  
Name of Person

DREAMWAY LLC  
Firm/Company

30 NW 106 St  
Address

Miami Shores, (33150) FL  
City/State and Zip Code

hlapadula@yahoo.com.ar  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Lapadula at (305) 608-2418  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TO  
ARTICLES OF ORGANIZATION FILED  
OF

2015 JUL 27 AM 10: 07

Dreemways LLC SECRETARY OF STATE,  
(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 09/06/2012 and assigned  
Florida document number L12000114087.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

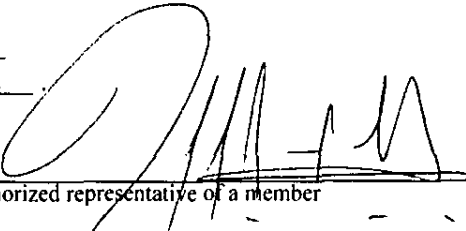
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMGR	RUTH GERSCHTANOFF	30 NW 106 St	<input type="checkbox"/> Add
		Miami Shores (33150)	<input checked="" type="checkbox"/> Remove
		FL	<input type="checkbox"/> Change
MMGR	HECTOR LAPADULA	30 NW 106 St	<input type="checkbox"/> Add
		Miami Shores (33150)	<input checked="" type="checkbox"/> Remove
		FL	<input type="checkbox"/> Change
MMGR	LAPADULA FAMILY TRUST		<input checked="" type="checkbox"/> Add
	Dated July 13 <sup>th</sup> , 2015		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Lined area for document content.

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2015 JUL 27 AM 10:07  
DEPARTMENT OF STATE  
FILING OFFICE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated July 13<sup>th</sup>, 2015  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
HECTOR LAPADULA  
\_\_\_\_\_  
Typed or printed name of signee