# 2000120924

(Re	questor's Name)			
(Add	dress)			
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(City	y/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
	_ Certificates of Status			
Special Instructions to Filing Officer:				
Will	Wait			

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IT!

J. SAULSBEARY **EXAMINER** 

NOV 9 2012

# COVER LETTER

ТО:	Registration Section Division of Corporations		
SUBJ	Name of Limited Liability Company		
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Name of Person	Zel TAI	
	Firm/Company	ZNOV -9	
	111 Scottsdale Square (Address	PN 2:	
	Winter Park FL 32792 City/State and Zip Code	AIL ORNO	
		nail.com	
For fu	rther information concerning this matter, please call:		
· —l	Name of Person at (371) 609-1787  Area Code & Daytime Telephone Number	:F	
Enclos	sed is a check for the following amount:		
	5.00 Filing Fee Solution Solution Status Solution Solutio	ate of Status &	i)

### 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

Dream On Intertainm	ent LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1200120924</u> .	were filed on <u>Sept. 21, 2012</u> and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	77.50 ZE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new e:
Name of New Registered Agent:	vit Colston
New Registered Office Address:	Xtscale Square
_ Winter	Enter Florida street address  V Park , Florida 32192  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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

			Add Remove
_		-	
			Add Remove
<del></del>			Add Remove
			Add Remove
			☐Add ☐Remove
			Add Remove
`amendiı	ng any other information, ente	r change(s) here: (Attach additional sheets,	if necessary)
I 31	amend to change H	ne following Maraging Memb managers!	
I	amend to marge	mirelf Kierra Colston from	m a manager
40	a maraging man	(OC)	
d	11/9/12 Mov. 9th	2012	SECRETI
-	Signature of 8	member or authorized representative of a memb	33.58 Akk
-		11 11 11 11	PR 2:

Filing Fee: \$25.00