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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SERVICIOS COMUNITARIOS LATINOS INC  
Account Number : T20080000080  
Phone : (305) 642-1090  
Fax Number : (305) 642-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: oronceli@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DREAMS 7 LLC

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TALLAHASSEE, FLORIDA

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SCL INC

00003/0005

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DREAMS 7 LLC

(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 10/19/2012 and assigned  
Florida document number L12000133749

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:

2935 NE 163 STREET APT 4F

(Principal office address MUST BE A STREET ADDRESS)

N MIAMI BEACH, FL. 33160

Enter new mailing address, if applicable:

2935 NE 163 STREET APT 4F

(Mailing address MAY BE A POST OFFICE BOX)

N MIAMI BEACH, FL. 33160

**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:

OSCAR RONCOLI

New Registered Office Address:

2935 NE 163 STREET APT 4F

*Enter Florida street address*

N MIAMI BEACH

Florida 33160

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

H18000311744 3

H18000311744 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS G. SPALLANZANI	2821 NE 163 ST APT 6K	<input type="checkbox"/> Add
		N MIAMI BEACH, FL. 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MARINA G. VASQUEZ	2821 NE 163 ST APT 6K	<input type="checkbox"/> Add
		N MIAMI BEACH, FL. 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OSCAR RONCOLI	2935 NE 163 STREET ST 4F	<input checked="" type="checkbox"/> Add
		N MIAMI BEACH, FL. 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 OCTOBER 24 2018

X Wm. W. W.

Signature of a member or authorized representative of a member

MARINA G. VAZQUEZ

Typed or printed name of signer

H18000 311744 3