

L17000007766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

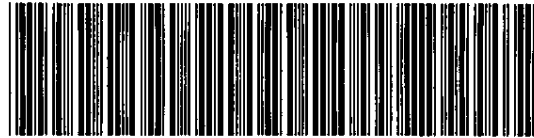
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 APR 10 11:05 AM
TALLAHASSEE, FLORIDA

J. Stivers MAR 11 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DREAM TEAM INVESTMENTS, 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:

YARITZA LOPEZ

Name of Person

DREAM TEAM INVESTMENTS, LLC.

Firm/Company

7321 NW 36 ST

Address

MIAMI, FL 33166

City/State and Zip Code

dreamteaminvestmentsllc@gmail.com

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

For further information concerning this matter, please call:

yaritza lopez

Name of Person

at 305 499-9888

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

DREAM TEAM INVESTMENTS, LLC.

Page 1 of 3

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

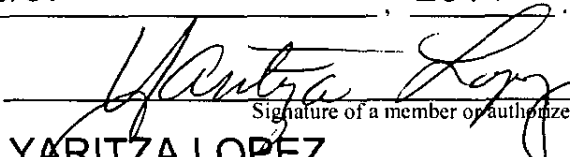
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>O</u>	<u>Azahira Guillen Borrego</u>	<u>7321 NW 36 ST</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL</u>	<input type="checkbox"/> Remove
		<u>33166</u>	
			<input type="checkbox"/> Add
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D. 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 03/07, 2014



Signature of a member or authorized representative of a member
YARITZA LOPEZ

Typed or printed name of signee

APR 10 2014 10:55
TALLAHASSEE, FLORIDA