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J. Shavers MAR 1 1 2014

COVER LETTER

TO: Registration Section
Division of Corporations

__ 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

,,,305,499-9888

Name of Person

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

DREAM TEAM INVESTMENTS, LLC.		· ·
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recordiability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L1300007766	were filed on 01/15/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7321 NW 36 ST	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33166	
		→
Enter new mailing address, if applicable:	7321 NW 36 ST	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL	
	33166	
		D177 474
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ls, enter the name of the new
Name of New Registered Agent:	·····	
New Registered Office Address:		·
non negisiered office (Maress.	Enter Florida street addre	ess
		lorida
	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>	Address	Type of Action
0	Azahira Guillen Borrego	7321 NW 36 ST	Add
		MIAMI, FL	□ Remove
		33166	
			□ Remove
			☐ Add
		,	5
			S: □ Add
			☐ Remove
			Remove
			Remove

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date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 days after
effective date must be specific, c	cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
effective date must be specific, c date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
ffective date must be specific, clate this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)

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Filing Fee: \$25.00