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COVER LETTER

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TO: Registration Sec Division of Corp		
	EAM INVESTMENTS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	YARITZA LOPEZ	
	Name of Person	
	DREAM TEAM INVESTMENTS LLC	
	Firm/Company	
	7201 NW 79 TERR	٠٠٠ ١ ٠٠ ٠٠٠
	Address	
	MEDLEY, FL 33166	
	City/State and Zip Code YCRESPO@DTIREALTY.COM	
	E-mail address: (to be used for future annual report notification)	THE STATE OF THE S
For further information co	oncerning this matter, please call:	159
YARITZA LOPEZ	305 499-9888 at ()	
Name of		mber
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.0 Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	i s:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L13000007766	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	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		and a seek
Principal office address MUST BE A STREET ADDRESS)		≥¥ o
		3 1
		沙湾の戸
Inter new mailing address, if applicable:		語法 め 団
Mailing address MAY BE A POST OFFICE BOX)	•	三は書し
		- 5 5
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres:	S
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

. J

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 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>	Type of Action
MGR	YARITZA LOPEZ	7201 NW 79 TERR	
		MEDLEY, FL 33166	■ Remove
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Tective date, if other than the date of filing:	(optional)) days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earlier of
ated $02/19/10$	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00