L13000007766

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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SECRETARY OF STATE

16 MAR 21 - AM 10: 4 I

WAR 23 2015 J. HARRIS

COVER LETTER

| Division of Cor | porations | | |
|-----------------------------|--|---|---|
| DREAM TO | EAM INVESTMENTS LLC | | |
| | Name of Limi | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | • |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | ARIEL MARTINEZ | | |
| | | Name of Person | |
| | DREAM TEAM INVEST | MENTS LLC | |
| | | Firm/Company | |
| | 7201 NW 79 TERR | | |
| · *** | · · · · · · · · · · · · · · · · · · · | Address | |
| | MIAMI, FL 33166 | | |
| | - | City/State and Zip Code | |
| | YCRESPO@DTIREALTY | | |
| | E-mail address: (1 | to be used for future annual report notific | cation) |
| For further information c | oncerning this matter, please ca | all: | |
| ARIEL MARTINEZ | | 305 499-9888 at () | |
| Name o | f Person | | Telephone Number |
| | | | |
| Enclosed is a check for the | ne 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:

TO:

Registration Section

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 | | on our records |
|--|--|---|
| (Name of the Lin | ited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Florida document number L13000007766 | Liability Company were filed on 01/1 | 5/2013 and assigned |
| This amendment is submitted to amend the fo | llowing: | |
| A. If amending name, enter the new name | of the limited liability company her | <u>'e</u> : |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the des | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | |
| (Principal office address MUST BE A STRE | | ACT 16 |
| Trincipui office unuress MOST BE TISTRE | <u> </u> | 3 7 |
| | | 2 C) |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFIC | <u> </u> | |
| | | |
| B. If amending the registered agent an registered agent and/or the new registered | | our records, enter the name of the |
| | | |
| Name of New Registered Agent: | JULIO CRESPO | |
| | JULIO CRESPO 7201 NW 79 TERR | • |
| Name of New Registered Agent: New Registered Office Address: | 7201 NW 79 TERR | da street address |
| | 7201 NW 79 TERR | da street address , Florida ³³¹⁶⁶ |

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> | Name | <u>Address</u> | Type of Action |
|--------------|--------------|-----------------|--|
| P | JULIO CRESPO | 7201 NW 79 TERR | Add |
| | | MIAMI, FL 33166 | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
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| | | <u></u> | Add |
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| | | | SEC CHAR |
| | | | Ghange HAR OrAdd ARETA ORACO ORA |
| | | | Remove Control of Change |
| | | | ☐ Add |
| | | | □ Remove |
| | | | ☐ Change |

| | AGENT AND HE RESIGN BAK IN JUNE. HE HAS NO AFILIATION WITH OUR COMPANY. |
|--------------|---|
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| | 03/17/2016 |
| E. Effec | tive date, if other than the date of filing: (optional) ffective 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 60: |
| Note docu | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records. |
| | |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli |
| תו (ם) | e 90th day after the record is filed. |
| Date | 03/17 |
| 25.00 | ASE 5 |
| | |
| | Signature of a plember of authorized representative of a member |

Filing Fee: \$25.00

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