Division of Corporations

024403 Iorida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICAN DREAMERS L.L.C.

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Corporate Filing Menu

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Tony Burroughs	
2013-05-21 08:22:40 PDT	
FL SOS - LZ Order 506728425	
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COVER MESSAGE

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MAY-19-2013 10:11 FROM:

TO: 13239624521

P.2/4

COVER LETTER

O: Registration Section Division of Corporations	
UBJECT: AMERICAN DREAMERS L.L.C.	
(Name of Limited Liability Company)	
he enclosed Articles of Amendment and fee(s) are submitted for filling.	
lease return all correspondence concerning this matter to the following:	
imelda Vasquez	
(Name of Person)	
Legalzoom.com, Inc.	
(Firm/Company)	
100 W. Broadway Suite 100	
(Address)	
Glendale, CA 91210	
(City/State and Zip Code)	
;	
for further information concerning this matter, please call:	
Imelda Vasquez <u># (323) 962-8600 ext 7950</u>	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\$30,00 Filing Fee & \$\$55,00 Filing Fee & \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	oscd)

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

MAY-19-2013 10:11 FROM:

TO: 13239624521 AN & 35, SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN DREAMERS L.L.C.				
(Name of the Limited Light (A Florid	lity Company as it now appears in Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability			_ and assigned	
Florida document number <u>L13000029403</u>	 ·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company here:	;		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	y," the designation "LL	C" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office a		r records, <u>enter th</u> e	name of the new	
Name of New Rogistered Agent:				
New Registered Office Address:	(Ent)	er Florida street addr	arcl	
	,			
	(City)	, Florida	(Zip Code)	
New Resistored Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	and complete performance of dagent as provided for in Cha dered office address, I hereby of	f my duties, and I am upter 608, F.S. Or, if	familiar with and this document is	
	(If Changing Registered Agen	14. Signature of New Reg	stered Agent)	

MAY-19-2013 10:11 FROM:

MGR = Manager

MGRM = Managing Member

05/21/2013

Dated

TO: 13239624521

P.4/4

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Type of Action Title Address Nume MGR 5463 BAYWATER DR. ✓ Add Alvin Anklah <u>IAMPA</u>, FL 33615. ☐ Remove MGR 5463 BAYWATER DR. TAMPA, FL 33615 √ Add Goonalan Naidoo □ Remove MGRM 5463 BAYWATER DR. Yogendra Ankiah TAMPA, FL 33615 Remove MGRM 5463 BAYWATER DR. TAMPA, FL 33615 ALVIN ANKIAH **✓** Remove **MGRM** □Add 5463 BAYWATER DR GOONALAN N NAIDOO. Remove TAMPA, FL 33615 ____Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00

Alvin Ankiah
Typed or printed name of signoc

of a member of authorized representative of a member