L13000031588

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(Ad	dress)			
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DIVISION OF CORPORALIUMS

APR = 3 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

BIECT: FOUR DREAMS, 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:

TAMMY PEREZ

Name of Person

TABADESA ASSOCIATES

Firm/Company

7005 W 17TH CT

Address

HIALEAH, FL 33014

City/State and Zip Code

TAMMYP@TABADESA.COM

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

For further information concerning this matter, please call:

TAMMY PEREZ

_305**989-877**€

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

(Name of the Limited I (A I	iability Company as it now appears of forida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Lia Florida document number <u>L13000031588</u>	bility Company were filed on MARG	SECRE ISION (
This amendment is submitted to amend the follow	wing:	FILED FRANCE -2 PH
A. If amending name, enter the new name of	the limited liability company here:	* STALE
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered off		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
		, Florida
	City	Zip Code

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

FOUR DREAMS, LLC

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

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Remove		
			Kemove		
					
			DRESECRE APR		
			FILI RETARY NOF CO		
			ATION REMOVE		
			_		
			Remove		
			· -		
			Add		
			Remove		
			Kemove		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE III

CHANGE FROM: ANY AND ALL LAWFULL BUSINESS

CHANGE TO: STRICTLY FOR THE PURPOSE OF OWNING

THE SUBJECT PROPERTY

Dated MARCH 26

2013

Signature of a member or authorized representative of a member

GUSTĂVO A LARGHI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF CORPORATION