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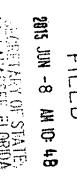
((Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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06/08/15--01034--003 **25.00



COVER LETTER

Div	ision of Corp	porations		
SURIECT:	NEW DREA	AMS REALTY, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		RAFAEL GABALDON		
			Name of Person	
		NEW DREAMS REALTY	, LLC	
Firm/Company				
		2900 GLADES CIRCLE,	# 1200	
			Address	<u> </u>
		WESTON FL 33327		
			City/State and Zip Code	
		RGABALDON@NEWDR		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please co	all:	
RAFAEL G	ABALDON		954 515-0010 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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)

TO:

Registration Section

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

FILED 2015 JUN -8 AM 10: 48

ARTICLES OF ORGANIZATION
OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW DREAMS REALTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Compa	any were filed on $\frac{05/08/2}{1}$	2013	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited I	liability company here:		
N/A				
The new name must be distinguishable and contain the v	vords "Limited L	iability Company," the design	nation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A		
(Principal office address MUST BE A STREI	ET ADDRESS	2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered		ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida s	steat address	
		Liner i tortau s		
		City	, Florida	Zip Code
		City		zip Ouc

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 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>	Address	Type of Action
MGR	CARLOS PULIDO	1895 SILVERBELL TER	
		WESTON, FL 33327	≅ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
	-		□ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

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Signature of a remoer or authorized representative of a member	ated	NE 3 2015	
Signature of a reparter of authorized representative of a member		Signature of a transfer or authorized representative of a member	
CARLOS PULIDO \ \			

Page 3 of 3

Filing Fee: \$25.00