

L13000067277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

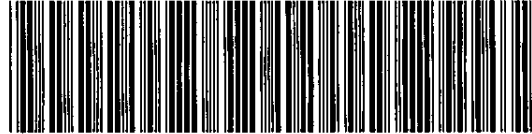
(Business Entity Name)

(Document Number)

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FILED
2015 JUN -8 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JUN - 9 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW DREAMS REALTY, 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:

RAFAEL GABALDON

Name of Person

NEW DREAMS REALTY, LLC

Firm/Company

2900 GLADES CIRCLE, # 1200

Address

WESTON FL 33327

City/State and Zip Code

RGABALDON@NEWDREAMS.US

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

For further information concerning this matter, please call:

RAFAEL GABALDON

954

515-0010

at (_____) _____

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

FILED

2015 JUN -8 AM 10:48

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 Liability Company were filed on 05/08/2013 and assigned
Florida document number L13000067277.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|---------------------|--|
| MGR | CARLOS PULIDO | 1895 SILVERBELL TER | <input type="checkbox"/> Add |
| | | WESTON, FL 33327 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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DEPARTMENT OF
TALLAHASSEE

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TALLAHASSEE, FLORIDA

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Dated JUNE 3 2015

CARLOS PULIDO

Typed or printed name of signee