L1300007/427

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AUG 1 3 2013 J. BRYAN

COVER LETTER

TÒ:

Registration Section
Division of Corporations

SUBJECT:

DREAM CLOSETS & MORE, 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:

MARIO QUINONES

Name of Person

DREAM CLOSETS & MORE, LLC

Firm/Company

3048 HORIZON LN UNIT 1107

Address

NAPLES FL 341098960

City/State and Zip Code

CHINOQUINONES@GMAIL.COM

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

For further information concerning this matter, please call:

MARIO QUINONES

_{at (}239₎878-3370

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

DREAM CLOSETS & MORE, 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 Liab Florida document number L13000071427	ility Company were filed on 05/10/2013	
This amendment is submitted to amend the follow	ing:	TILED TELEVISION OF THE PERSON
A. If amending name, enter the new name of the	ne limited liability company here:	A L
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	<u> </u>
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	la 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARIO QUINONES	3048 HORIZON LN UNIT 1107 NAPLES FL 3410	9 🗸 Add
			Remove
		SECTION	AND AND A
		7 (1) (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	5 1
		C	Remove 3: Add
			Remove
			- Add
			Remove
			- Add
			Remove
			- Add
			Remove

. If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
Dated AUGUST 6TH	2013
7/	
Signature Signature	of a member or authorized representative of a member
MARIO QUINONES	-
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

SECRETARY OF STATE