LIYOOOOZFIIL

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(Document Number)
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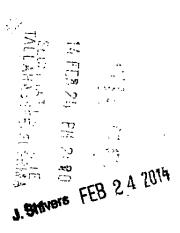


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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2014

DONTIA KELLEY 20380 NW 7TH APT 206 MIAMI GARDENS, FL 33169

SUBJECT: DREAM CHASER SERVICES, LLC

Ref. Number: L14000028116

We have received your document for DREAM CHASER SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

Letter Number: 914A00004064

COVER LETTER

TO: Registration Section
Division of Corporations

DREAM CHASER SERVICES, 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:

Dontia Kelley

Name of Person

DREAM CHASER SERVICES, LLC

Firm/Company

20380 NW 7th Apt 206

Address

Miami Gardens, FI 33169

City/State and Zip Code

Dontiakelley@aol.com

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

For further information concerning this matter, please call:

Dontia Kelley

305, 647-8841

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 CHASER SERVICES, LLC

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

New Registered Office Address:	Enter Florida street address, Florida	Zip Code	*
			¥
	Entry Classida dende Julian	Prom.	
Name of New Registered Agent.		2027	*
Name of New Registered Agent:			1 4
B. If amending the registered agent and/or registered agent and/or the new registered office a		the name of	the ne
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
		 	
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new principal offices address, if applicable:			
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L	C."
A. If amending name, enter the new name of the li	mited liability company here:		
This amendment is submitted to amend the following:			
Florida document number L14000028116	·		
		and assign	iicu
The Articles of Organization for this Limited Liability	Company were filed on UZ/19/2014	and assign	ned

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

MGR	Dontio Vollay		
	Dontia Kelley	20380 NW 7th ave	■ Add
		Apt 206	Remove
		Miami Gardens, Fl 33	169
		·	Add
		·	☐ Remove
			
			□ Remove
		□ Add Remove	
		Add	
		☐ Remove	
			Add

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

. If a.	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
!	````}
Effective The effecti	e date, if other than the date of filing:
Dated	······································
	Signature of a member or authorized representative of a member
	Dontia Kelley
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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