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COVER LETTER

	Registration Se Division of Cor		•	
eun ire		DREAMS LLC		
SUBJEC	.1:	Name of Lim	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Marci Lowman, Esq.		
		Lowman Law, P.A.	Name of Person	
		8620 NE 2 Avenue	Firm/Company	
		Miami, Florida 33138	Address	
		ML@LowmanTitle.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For furth	er information c	oncerning this matter, please c	aH:	
Marci Lo	owman, Esq.		786 703-416.	2
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	is a check for th	he following amount:		
\$25.0	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

BRICKELL DREAMS LLC

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

(A Florida L	Limited Liability Company)	 ,
The Articles of Organization for this Limited Liability Cor	mpany were filed on May 21, 201	14 and assigned
Florida document number L14000082591	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	and assigned and assigned
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		ords, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
New Registered Office Address:	Enter Florida street a	

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>	Type of Action
MGR	Miriam Merino	1408 BRICKELL BAY DRIVE 1109	= Add
		MIAMI, FLORIDA 33131	B Add
		·	□ Remove
MGR	Niki B. Gell	1408 BRICKELL BAY DR, Unit 1109	
		Miami, Florida 33131	Add
			■ Remove
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Filing Fee: \$25.00