# L14 60011469

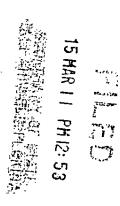
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





700269142457

03/03/15--01029--016 \*\*60.00



A SHEWSTE MAR 27 7975



March 18, 2015

LESLIE BROWN 6414 126TH AVE SUITE C LARGO, FL 33773

SUBJECT: DREAMERZ AUTO GROUP, LLC

Ref. Number: L14000184698

We have received your document for DREAMERZ AUTO GROUP, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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

Letter Number: 715A00005448

# **COVER LETTER**

TO: Registration Division of C		·	
SUBJECT:	Dreamerz Aut	o Gray LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
	Lesi	Name of Person	
		Name of Person	
	Dream	rerz Auto Group Firm/Company	LLC
		Firm/Company	
	6414	126th Aue Suite Address	<u> </u>
		Address	
	LArgo	ENEE A,	
		City/State and Zip Code	- •
	E-mail address: (t	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	oscol.
For further information	n concerning this matter, please ca		
Les	the L. Peroun	at (381) 369 ·	-8479
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	r 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

Dreamerz Auto Group LLC	
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	9
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	To the same
New Registered Office Address:	P P
	Enter Florida street address
_	City , Florida 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Title** Name Address **Type of Action GEORGE BAILEY AMBR** 1423 CINDY CIRCLE NE \_ Add PALM BAY, FL 32905 ■ Remove 1310 GOLF VIEW DRIVE **AMBR GIORGIO ARISTO** Add 🗎 BELLEAIR, FL 33756 ☐ Remove ☐ Remove □ Remove □ Add □ Remove

). If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	ffective date, if other than the date of filing:
	MADCH 24 2015
D	ated WARCH 24, 2013
	Signature of a member or authorized representative of a member
	LESLIE L BROWN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

