

L14000184698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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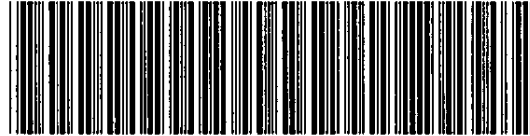
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

pkw/605

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dreamers Auto Brokers, 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:

Leslie Brown
Name of Person

Dreamers Auto Brokers, LLC
Firm/Company

863 N US Highway 17-92, Ste A
Address

Longwood, FL 32750
City/State and Zip Code

les@dreamersauto.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Brown at (321) 369-8479
Name of Person Area Code Daytime Telephone Number

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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**

Dreamers Auto Brokers 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 12-03-2014 and assigned Florida document number L240001846A8.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

1215 Lakeview Drive

Clearwater, FL. 33756

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1215 Lakeview Drive

Clearwater, FL. 33756

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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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>
AMBR	Leslie Brown	2797 Picadilly Circle	<input type="checkbox"/> Add
		Kissimmee, FL. 34747	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Tammy Brown	2797 Picadilly Circle	<input type="checkbox"/> Add
		Kissimmee, FL. 34747	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Giorgio Aristo	1310 Golf View Blvd	<input type="checkbox"/> Add
		Belleair, FL. 33756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Donald Brown	1423 Cindy Circle NE	<input checked="" type="checkbox"/> Add
		Palm Bay, FL. 32905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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a)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 24, 2016

Signature of a member or

Leslie Brown

Typed or printed name of signee