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COVER LETTER

· Divi	ision of Corp	orations		
SUBJECT:	American Dr			
SUMECT.			ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
	,	Luigi Ranieri		
		-	Name of Person	
		American Dream 1 LLC	·	
			Name of Person merican Dream 1 LLC Firm/Company 333 NW 53rd St, Suite 504 Address oral, Fl, 33166 City/State and Zip Code fo@totalflorida.us E-mail address: (to be used for future annual report notification) ming this matter, please call: 786 449 4644	
		8333 NW 53rd St, Suite 50)4	
			Address	
		Doral, Fl, 33166		
			City/State and Zip Code	
		info@totalflorida.us		
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	iformation coi	ncerning this matter, please ca	all:	
Luigi Ranier			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Name of l	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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

TO:

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**

FILE	
2016 OCT TI PK	
ACLARIANCE SEE TO LA	6

American Dream 1 LLC

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

(A Florida Lii	mited Liability Company)	CE, TI ORIE
The Articles of Organization for this Limited Liability Com	pany were filed on 4-28-2015	and assigned
Florida document number L15000074630		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8333 NW 53rd St, Suite 450, ofc	447, Doral, Fl, 33166
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	8333 NW 53 rd St, Suite 450, ofc	447, Doral, Fl, 33166
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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>	Address	Type of Action
MGR	Johenny Martinez	4962 NW 97 Pl, Doral, Fl, 33178	Add
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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to ock does not meet the applicab	date of filing or more the statutory filing rec	(optional) han 90 days after filing.) F quirements, this date w	tursuant to 605.0207 ill not be listed as
record specifies a delayed The 90th day after the reco	effective date, but not a produce is filed.	an effective time	e, at 12:01 a.m. or	the earlier of
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	Signature of a member or authoris	ed representative of a	member	

Page 3 of 3

Filing Fee: \$25.00