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FILED
2015 JUN 18 P 5: 30
SECRETARY OF STATE

J. EFRICE

COVER LETTER

то:						
CHD 11	zer.	Dreamw	ork Events LLC			
SUBJI	sci:	Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please	return all correspo	ndence concerning this matter t	o the following:			
		Nai	ncy Kay Lyons			
			Name of Person			
		Dreamw	ork Events LLC			
			Firm/Company	- <u></u> -		
		10310 S	SW 103rd Court			
			Address			
		Mia	mi, FL 33176-3519	SEI TALL	2015 JUN	
	Name of Person red is a check for the following ar 5.00 Filing Fee \$30.00 F		City/State and Zip Code	AHE		1
			kaylyons@yahoo.com	AS	THE FO	-
		E-mail address: (t	o be used for future annual report notific	cation) m-<	D IT	7
For further information concerning this matter, please call:						j
r	Nancy L Brown		305 274-4814 at (TATE ORID	ų. ω	•
	Name o	f Person		Telephone Number	-@-	
Enclos	ed is a check for th	ne following amount:				
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

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

Dreamwork	Events LLC					
(Name of the Limited	Linbility Compar A Florida Limited L	oy as it now appear liability Company)	on our reco	rds.)		
The Articles of Organization for this Limited Lia	bility Company	were filed on5-	1-2015	- ,	a	nd assigned
Florida document number L15000077074	·					•
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	the limited liabi	lity company he	re:			
he new name must be distinguishable and contain the wo	-la el imitad l'inhili	ity Company " the de	rianation "I I	(" or the	uhhmuiat	ion "I I C"
Enter new principal offices address, if applical		10310 SW 103		.c. or me	articvia	1016 12.C.
Principal office address MUST BE A STREET		Miami, FL 3	3176-3519	ZSE	2015	
				-ACR -AL	- JUN	7
Enter new mailing address, if applicable:		10310 SW 10	3rd Court	HASSE	8	
Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	Miami, FL	33176-3519	70	Ū	
				STATE DRID	25 30	
B. If amending the registered agent and/o			our recor	ds, <u>ent</u> e		ame of the
registered agent and/or the new registered offi	ce address here					
Name of New Registered Agent:	Nancy L Brow	wn	 -			
New Registered Office Address:	7700 N Kend	lall Drive Suite 40			·····	
		Enter Flori	ida street addi		22156	
	Miani	City	, 1	Plorida .	33130 Zu	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>	Name	Address	Type of Action
AMBR	Nancy Kay Lyons	10310 SW 103rd Court, Miami FL	Add
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n effective date i	s listed, the date	the date of fili	and cannot be	prior to date	of filing or n	nore than 90	days after	Prop Pr	urseant to 60	05.02
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ated	Que	Signature of	a pomber or	authorized re	presentative	e of a membe				

Page 3 of 3

Filing Fee: \$25.00