

L15000112797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

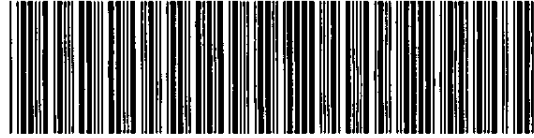
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF THE STATE
PALM BEACH, FLORIDA

JUL 16 2015
J. HARRIS



Lower your taxes.
Protect your assets.
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Your Entity Solution, LLC
6440 Sky Pointe Drive, Suite 140-106
Las Vegas, NV 89131

Direct (702) 506-0190
Fax (815) 301-3015

Customer Order Instruction Cover Letter

Date: July 9, 2015

Service Requested: Regular
 Expedited

Return to: YOUR ENTITY SOLUTION, LLC
Address: 6440 SKY POINTE DR STE 140-106
LAS VEGAS NV 89131

Phone: 702-506-0191

Contact Person: Ruth Norgan

Return Delivery: Mail to Address Above

Order Description: ENTITY NAME: FINANCED & LEASED DREAMS, LLC

1 X Original Filing of Articles of Amendment for a Florida Limited Liability Company \$ 55.00

1 X Stamped Filed copy of Articles of Amendment for a Florida Limited Liability Company No Charge

Total Amount: \$ 55.00

THANK YOU!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FINANCED & LEASED DREAMS, 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:

RUTH NORGAN
Name of Person
YOUR ENTITY SOLUTION, LLC
Firm/Company
6440 SKY POINTE DR STE 140-106
Address
LAS VEGAS NV 89131
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUTH NORGAN at **(702) 506-0191**
Name of Person Area Code Daytime Telephone Number

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**

FINANCED & LEASED DREAMS, 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 JUNE 30, 2015 and assigned Florida document number L15000112797.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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:

KARI ANNE PEDERSEN

New Registered Office Address:

Enter Florida street address

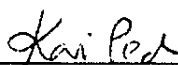
Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

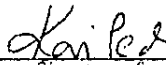
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KARI ANNE PEDERSEN	16850 COLLINS AVE STE 112-454	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
		(Please change the spelling of Mgr's last name)	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 MIAMI OFFICE

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 8, 2015



Signature of a member or authorized representative of a member

KARI ANNE PEDERSEN

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE COUNTY