# 15000122531

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Addiess)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (200                                    |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| ,                                       |
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## **COVER LETTER**

| TO: , Registration Sect<br>Division of Corpo |  |  |                          |                 |
|--|--|--|--------------------------|-----------------|
| Dream Desser SUBJECT:                        | rts LLC                                      |  |                          |                 |
| SUBJECT.                                     | Name of Limi                                 | ited Liability Company   |                          |                 |
|  |  |  |                          |                 |
| The enclosed Articles of A                   | mendment and fee(s) are subt                 | mitted for filing.   |                          |                 |
| Please return all correspond                 | lence concerning this matter                 | to the following:  |                          |                 |
|  | Irwin Rosen                                  |  |                          |                 |
|  |  | Name of Person   |                          | -               |
|  | Dream Desserts LLC                           |  |                          |                 |
|  |  | Firm/Company   |                          | -               |
|  | 10702 Maple Chase Drive                      |  |                          |                 |
|  |  | Address  | <u>.</u>                 | •               |
|  | Boca Raton, FL 33498                         |  |                          |                 |
|  | :  | City/State and Zip Code  |                          | SER SER         |
| •  | şamibran2@aol.com                            | to be used for future annual repo                                  | et notification)         | 16 NOV          |
| For further information cor                  | cerning this matter, please ca               |  | rt notification)         | ASSET TO SEE    |
| Irwin Rosen                                  | ,,   | 954 805-84   | 98                       | PA FINE         |
| Name of F                                    | Person                                       | at ()<br>Area Code D   | Paytime Telephone Number | 3: 40           |
| 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 | ) Certified              | ite of Status & |

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

| Dream Desserts LLC  |   |   |  |
|---|---|---|--|
| (Name of the Lim  | ited Liability Comp<br>(A Florida Limited | pany as it now appears on our red<br>I Liability Company) | ords.)                                     |
| The Articles of Organization for this Limited l                                       | Liability Compan                          | y were filed on July 16, 2015                             | and assigned                               |
| Florida document number L15000122531  | •   |   |  |
| This amendment is submitted to amend the fol  | lowing:                                   |   |  |
| A. If amending name, enter the new name   | of the limited lia                        | bility company here:                                      |  |
| n/a   |   |   |  |
| The new name must be distinguishable and contain the                                  | words "Limited Lial                       | bility Company," the designation "                        | LLC" or the abbreviation "L.L.C."          |
| Enter new principal offices address, if appli   | cable:                                    | n/a   |  |
| (Principal office address MUST BE A STRE  | ET ADDRESS)                               |   | 30   |
|   |   |   | on [-]                                     |
| •   |   |   | TO AND |
| Enter new mailing address, if applicable:   |   | n/a   | <u> </u>                                   |
| (Mailing address MAY BE A POST OFFICE   | E BOX)                                    |   | P 1796                                     |
|   |   |   | ယ့် ဝင္ဘု                                  |
|   |   |   | 5 Em.                                      |
| B. If amending the registered agent and registered agent and/or the new registered of | · ·                                       |   | ords, enter the name of the new            |
|   |   | _   |  |
| Name of New Registered Agent:   | n/a                                       |   |  |
| New Registered Office Address:  |   |   |  |
|   |   | Enter Florida street ad                                   | dress                                      |
|   |   |   | , 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 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          | Jay Zwerdling | 18900 SW 33rd Court | Add                           |
|              | ,             | Miramar, FL 33029   | ■ Remove                      |
|              |               |                     | Change                        |
|              |               |                     | Add                           |
|              |               |                     | □ Remove                      |
|              |               |                     | ☐ Change                      |
|              |               |                     | SEERI NA LLA                  |
|              |               |                     | NOV AFETAR<br>Remove ARE<br>S |
|              | ·             |                     | Periodic Property Change True |
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|              |               |                     | □ Remove                      |
|              | •             |                     | ☐ Change                      |
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|              |               |                     | Add                           |
|              |               |                     | □ Remove                      |
|              |               |                     | ☐ Change                      |

| n/a   |  | _  |
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| ctive date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep | e specific and cannot be prior to date of filing or<br>k does not meet the applicable statutory fil: | (optional) more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed |
| ecord specifies a delayed one 90th day after the recor  | effective date, but not an effective d is filed.   | e time, at 12:01 a.m. on the earlier   |
| November 11   | , 2016   |  |
| Irvin De  | gnature of a member or authorized representati   |  |
| · s   | ignature of a member or authorized representati  | ve of a member   |

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Filing Fee: \$25.00