

L15000196486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 18 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DREAMLIFEREMODELING 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:

Alejandro Belmonte

Name of Person

Business Services USA LLC

Firm/Company

1528 W Warm Springs RD Unit 100

Address

Henderson NV 89110

City/State and Zip Code

Sellersdept@gmail.com

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

For further information concerning this matter, please call:

Maya T

310 455-6675

at ()

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**

DREAMLIFEREMODELING 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 11/20/2015 and assigned
Florida document number L15000196486.

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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:

16787 Perdido Key Dr

(Principal office address MUST BE A STREET ADDRESS)

Perdido Key FL 32507

Enter new mailing address, if applicable:

5221 hickory lane

(Mailing address MAY BE A POST OFFICE BOX)

Orange beach, Al 36561

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:

BROOKS, STANLEY D

New Registered Office Address:

16787 Perdido Key Dr

Enter Florida street address

Perdido Key

City

, Florida 32507

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	BROOKS, STANLEY D	5221 hickory lane	<input type="checkbox"/> Add
		Orange beach, Al 36561	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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.

Dated December 15, 2015

Standy Brooks
Signature of a member or authorized representative of a member

Stanley Brooks - Member

Typed or printed name of signee

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Filing Fee: \$25.00

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