<u>L15000 208246</u>

[]
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number) Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



900305385179 NOV 22 MM 5: 25

11/21/17--01011--009



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: J&S Dream Name o	Caning Services, LLC
The enclosed Articles of Amendment and feets are	
Please return all correspondence concerning this m	atter to the following:
Sand	Ca Guerrero Name of Person
	Name of Feron
<u></u>	Firm/Company
1015 NV	1 4+ Mye Unit A
Ft. Laude	rdale, FL 33311 City/State and Zip Code
harverts	Ses: (To be used for future annual report notification)
For further information concerning this matter, ple	ise call:
Sandra Gullyrus O Name of Person	at (305) 491-9335 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S S S S Cau (Name of the Limiter)	d Liability Company a it now appears on our records.) A Florida Lumited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L1500020		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Etability Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if application	ble:	Σω
(Principal office address MUST BE A STREET	** ADDRESS)	C.C.
	O V	
<u> </u>	L2	参 る
Enter new mailing address, if applicable:		,
(Mailing address MAY BE A POST OFFICE B	<u>දා</u> ක	'.:
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>enter the name of the</u> ice address here:	<u>a new</u>
Name of New Registered Agent:	Sandra Guerriro	
New Registered Office Address:		
	Enter Florida street address	_
<u> </u>	, Florida	
₩ 1 	City Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:	
provisions of all statutes relative to the prope accept the obligations of my position as regist	agent and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S. Or, if this document gistered office address, I hereby confirm that the limited liability hange.	

H.Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amend	ing Authorized Person(s) aut red from our records:	horized to n	nanage, <u>enter the title, name, a</u>	nd address of each person being added
MGR ≒ AMBR =	Manager Authorized Member			
Title	<u>Name</u>		Address	Type of Action
				☐ Remove
				☐ Change
				Remove
				□ Change
				□ Remove
				☐ Change
				☐ Remove
				Change
				□ Add
				□ Remove
				☐ Change
				□ Add
				Remove
				☐ Change

•		
If amending any other inform	ation, enter change(s) here: (Attach additional sheets	i, if necessary.)
•		
	1	
	1)	
	11	
		
		NOV
		22
		<u>.</u> ධ්
		<u> </u>
		
ffective date, if other than th	e date of fling:	_ (optional)
an effective date is listed, the date m Note: If the date inserted in this b	st be specificand cannot be prior to date of filing or more than 90 o lock does not meet the applicable statutory filing requireme	lays after filing.) Pursuant to 605,0207 ents, this date will not be listed as
locument's effective date on the l	Department of State's records.	
	1	
	d effective date, but not an effective time, at 1	2:01 a.m. on the earlier of
The 90th day after the re		
N h	15 1 2017	
Dated Movember)5 2017.	
Ø)	HANNA 1	
- 	Signature of Smember or authorized representative of a member	r
	· ()	
	Typed or printed name of signee	
	Types or printed name of signee	
	Page 3 of 3	
	Filing Equ. \$25.00	

Filing Fee: \$25.00