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TALLAHAS SEE, FLORIDA

## **COVER LETTER**

SUBJECT: M 3 Y Dream 1410 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:  Marie Y. Demorcy Name of Person  M 3 Y Dream 1410 LLC  Firm/Company  1934 SW Newport 151es Blvd Address  Port St Lucy, FL 34953  City/State and Zip Code  Maemorcy 28(3) Laboro. Com  E-mail address for be used for flagfic annual report notification)  For further information concerning this matter, please call:  Marie Demorcy Name of Person  at 516  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  12 \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  STREET/COURIER ADDRESS: Registration Section Division of Corporations	TO: Registration Section Division of Corporations	
The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Marie Y. Demorcy Name of Person  M3 y Dream HLD LLC Firm/Company  [934 Sw Newport Isles Blvd Address  Port St Lucy, FL 34953 City/State and Zip Code Maemorcy 28 Juhob: com 6-mail address: Jo be used for fugire annual report notification)  For further information concerning this matter, please call:  Marie Demory Name of Person  at 516, 787 - 0162 Daytime Telephone Number  Emclosed is a check for the following amount:  525.00 Filing Fee Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section  STREET/COURIER ADDRESS: Registration Section	SUBJECT: M 3 4 Dream	n 1410 LLC
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For further information concerning this matter, please call:    Marie Demory	nademov	C1128(Q116/1072) 2000
For further information concerning this matter, please call:    Marie Demory	E-mail add	ress; to be used for future annual report notification)
MAILING ADDRESS: Registration Section  at (516) 787-0162  Daytine Telephone Number  Daytine Telephone Number  Daytine Telephone Number    \$55.00 Filing Fee & Sectificate of Status   Section		
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigsquare \$30.00 Filing Fee \& \Bigsquare \$55.00 Filing Fee \& \Bigsquare \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  **MAILING ADDRESS:** Registration Section**  **STREET/COURIER ADDRESS:** Registration Section**		
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	Registration Section Division of Corporations	Registration Section Division of Corporations

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

M34 Drieam 1410 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 12/21/2015 and assigned Florida document number L15 000211/200.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
<b>₩ ₩ ₩</b>
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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)
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:
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

	authorized Person(s) authorized tomour records:	to mana	ge, enter the title, name, and address of each j	person being added
MGR = Mar AMBR = Aut	nager horized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Marie y. Domorce	1	1934 SW Newport Isles BII PORT St LUCIO, FL 34953	d× Add
		J	port St Lucu, FL 34953	□ Remove
				Change
UGR	yves M. Samuel		4177 SW Tuscol Street	
			4177 SW TUSCOL Street Port St Lucie FL 34953	Remove
				Change
				□ Remove
				_ Change
				_□ Add
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				Change
				_□ Add
				_□ Remove
				_D Change
				_□ Add
				_□ Remove
				_ Change

D. If am	ending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	
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			LED
		PN 1: 0 FLORIDA	
E. Effec	tive date, if other than the date of fil	ing: (optional)	
(If an c <u>Note:</u>	ffective 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 605.0 meet the applicable statutory filing requirements, this date will not be listed	)207 (3)(b I as the
76 +1			
(b) The	e 90th day after the record is file	date, but not an effective time, at 12:01 a.m. on the earlied.	r or:
Dated	September 9	. 2017	
	I Phie 1/2 Signatury of	Ta member or authorized representative of a member	
	Marie y.t	emorcy /	
	9	Typed or printed parte of signee	
		Page 3 of 3	

Filing Fee: \$25.00