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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Dream Gre	ted Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	nitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Brian 1	Aughes Name of Person	
		Name of Person Green LLC Firm/Company	
		eather Brite cid	de
	Morph	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information	on concerning this matter, please ca	II:	
Brian	1+ ghes ne of Person	at (<u>400</u>) 7001 - Area Code Daytime	- 35 45 Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	S \$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

Drein	n Aree	n, h-	1		
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now app bility Company	ears on our records.)		
The Articles of Organization for this Limited Liab Florida document number		ere filed on _	1/8/2014	and ass	igned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	<u>ie limited liabili</u>	ty company	<u>here</u> :		
The new name must be distinguishable and contain the word	N Pr	Compone " 4h	dadage the MIC Const.		1.622
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	•		1/14		
Enter new mailing address, if applicable:		n	ļv i	_	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			33. <u>1</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:	ce address (on our records, <u>en</u>	(1)	p = *[
Name of New Registered Agent:	Rona	ld I.	Hughes	# 3: 33 FLORIDA	
New Registered Office Address:		Enter F	lorida street address		
-		City	, Florida	Zin 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ronald I Hughes	515 Heather Brite cir	cle DAdd
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: Effective date inserted in this block does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be lis	05.0207 sted as
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the earl	ier of
ne 90th day after the record is filed.		
1 7 2010		
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ed Jly 7, 2016.		

Page 3 of 3

Filing Fee: \$25.00