L16000006968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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AUG 29 2016

S. YOUNG

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2016

2016 AUG 29 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAMONA PEREZ KORBA
6299 WEST SUNRISE BLVD STE 210
SUNRISE, FL 33313

SUBJECT: DREAM BLESSINGS HEALTH CARE LLC
Ref. Number: L16000006968

We have received your document for DREAM BLESSINGS HEALTH CARE LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGES 2 & 3 MISSING

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Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00016920

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Dream Blessings Health Care
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:

Ramona Peg Korba
Name of Person

Dream Blessings
Firm/Company

6299 West Sunrise Blvd Suite 210
Address

Sunrise, FL 33313
City/State and Zip Code

RPKORBA@Gmail.Com
E-mail address (to be used for future annual report notification)

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For further information concerning this matter, please call:

RAMONA PEG KORBA at (954) 383-2775
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

Dreams Blessings Healthcare

(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 8/10/16 and assigned Florida document number L16000006A.

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:
(Principal office address MUST BE A STREET ADDRESS)

6299 West Sunrise Blvd, Suite 210, Sunrise FL 33313

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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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: Ramona Peña Lobo

New Registered Office Address: 6299 West Sunrise, Blvd #210
Enter Florida street address

Sunrise, Florida 33313
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.

Ramona L. Lobo
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

Title	Name	Address	Type of Action
[illegible]		6299 W S, Sunrise, FL 33	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 8/10/16

Signature of a member or authorized representative of a member

RAMONA PELZ - KOLBA

Typed or printed name of signee

Filing Fee: $25.00