L16000026328

(Requestor's Name)
(Address)
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(Business Entity Name)
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K. SALY FEB 27 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2017

DREAMLYNX DIGITAL, LLC DANIEL SERRANO 5711 DALDEN DR. TEMPLE TERRACE, FL 33617

SUBJECT: DREAMLYNX DIGITAL, LLC

Ref. Number: L16000026328

We have received your document for DREAMLYNX DIGITAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LIMITED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000058787 "SERRANO COMPANY, INC.".

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.

Karen A Saly Regulatory Specialist II

Letter Number: 817A00002944

Karen,

This is for the correction to my requested company name change. You already received the check and it has been cashed. Please feel free to contact at 347-260-4990 if you need anything else.

Best regards, Dan Serrano

2017 FEB 24 PM 3: 10

COVER LETTER

Division of Cor	orporations	
DreamLyn SUBJECT:	enx Digital, LLC	
	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Daniel Serrano	
	Name of Person	
	Serra Enterprises, LLC	
	Firm/Company	
	5711 Dalden Dr	
	Address	
	Temple Terrace, FL 33617	
	City/State and Zip Code	
	danserranoace@icloud.com	
	E-mail address: (to be used for future annual report notification)	
For further information co	concerning this matter, please call:	
Daniel Serrano	813 2526950 at ()	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for th	the following amount:	
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status	Status &

MAILING ADDRESS:

TO:

Registration Section

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

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MULAHA s.)	SSEE, FI	97775 0015

DreamLynx Digital, LLC.

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

(······································	1 ORIO
The Articles of Organization for this Limited Liability	Company were filed on 02/08/2016	
Florida document number L16000026328	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Serra Enterprises, LLC		
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regi	stered office address on our records,	enter the name of the
registered agent and/or the new registered office add	lress here:	
Name of New Registered Agent:		4-7-
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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

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

Address

Address

Address

Address

Remove

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ffective date, if other than the factive date is listed, the date is	nust be specific and cannot	t be prior to date of fi	ling or more than 90	(optional) days after filing.) Pur	suant to 605.0207
Note: If the date inserted in this locument's effective date on the	block does not meet th	e applicable statute	ory filing requirem	ents, this date will	not be listed as
dealisem serieetive date on the	Department of State 3	records.			
e record specifies a delay	ed effective date,	but not an effe	ctive time, at 1	2:01 a.m. on	the earlier of
The 90th day after the re					
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V. A. A. T. CONTROLLY C		`			
Dated Testuary o		\	\		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00