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TIG JUTH 20 AM IO: 32
SECRETARY OF STATE
SECRETARY OF STATE

J. HARRIS

### **COVER LETTER**

	Registration Sect Division of Corpo			
SUBJEC	Т:	It's A Drea Name of Lim	nited Liability Company	<del> </del>
(T)			, , ,	
The enclo	sed Articles of Ai	mendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspond	lence concerning this matter	to the following:	
		Jane	SSA SOCORPO Name of Person	<del></del>
		It's	A Dream Firm/Company	•
		8510	Grand Canal	DR.
		Mio	City/State and Zip Code	<del></del>
		Jounessas E-mail address: (	OCORPO 13 Q GM to be used for future annual report notifica	ril.com
For furthe	r information con	cerning this matter, please ca		,
Jan	Name of P	erson	at (186) 118 - 8 Area Code Daytime T	880 elephone Number
Enclosed i	s a check for the	following amount:		
		□ \$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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

2016 JUN 20 PM 3: 54

May 16, 2016

JANESSA SOCORRO 8510 GRAND CANAL DRIVE MIAMI, FL 33144

SUBJECT: IT'S A DREAM LLC Ref. Number: L16000081911

We have received your document for IT'S A DREAM 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):

Page 3 is missing.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00010312

16 JUH 20 AM IO: 32 SECREPAN ON STATE TALLAMASSEF, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Its a Dream	LLC
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGDODO8 1911</u> .	were filed on $4/20/16$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8510 Grand Canal D2
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33144
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	8510 Grand Canal De Miami, FL. 33144
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	anessa Socoreo
New Registered Office Address:	5510 Grand Canal DR Enter Florida street address
M	City, Florida 33/44
New Registered Agent's Signature, if changing Registered Agent:	
I be about and any and any	no to got in this canacity. I further garge to comply with the

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 = M $AMBR = A$	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Janessa Socollo	8510 Grand Canal Driv	C MAdd
		Miami, FL. 33144	□ Remove
			Change
AMBR_	Ivonne Socorlo	8510 Grand Canal Driv	C Add
		Miami, FL.33144	□ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			□ Remove
		<u> </u>	☐ Change
			Add To
			Remove
			Remove 10 Change
	<del> </del>		in No □ Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I am adding myself, Janessa Sociero,
as MGR at the corp.
I am adding Ivonne socoero as
AMBR.
I am correcting my address, Please
change to
8510 Grand Canal De.
Mami, FL. 33144
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 June 16, 2016.
Signature of a member of authorized representative of a member
in the state of th
JULESSU SOCULICO MICO
Page 3 of 3

Filing Fee: \$25.00