

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (888) 772-8108

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

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SECRETARY OF STATE
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

VDREAMP ENTERPRISES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 MAY 26 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAY 30 2017

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

VDREAMP ENTERPRISES 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 05/12/2016 and assigned Florida document number L16000093895.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

13237 Heather Moss Drive #1014

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32837

Enter new mailing address, if applicable:

13237 Heather Moss Drive #1014

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32837

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:

ACCOUNTANT & MANAGEMENT INC.

New Registered Office Address:

1549 NE 123RD ST

Enter Florida street address

NORTH MIAMIFlorida 33161

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	DONNICI, VINCENZO	4401 CRYSTAL LAKE DR. POMPANO BEACH, FL 33064	☐ Add ☒ Remove
AMBR	PACHECO, MONICA	4401 CRYSTAL LAKE DR. POMPANO BEACH, FL 33064	☐ Add ☒ Remove
AMBR	DONNICI, VINCENZO	13237 Heather Moss Drive #1014 Orlando, Fl 32837	☒ Add ☐ Remove
AMBR	PACHECO, MONICA	13237 Heather Moss Drive #1014 Orlando, Fl 32837	☒ Add ☐ Remove
			☐ Add
			☐ Add
			☐ Add
			☐ Remove

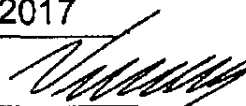
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 24TH, 2017



Signature of a member or authorized representative of a member

VINCENZO DONNICI

Typed or printed name of signee

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