

11/17/2016 9:37:23 AM PST

13239628300 From: Meghan Smith

11/17/2016

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DREAMS OF TANGERINE, LLC

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dreams Of Tangerine, LLC

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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

josephinetangerine3@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724
at ()

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

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0003/006

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREAMS OF TANGERINE, 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 10/20/2016 and assigned
Florida document number L16000193723.

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 "L.L.C."

Enter new principal offices address, if applicable:

3066 Oak St. N

(Principal office address MUST BE A STREET ADDRESS)

Crestview, FL 32539

Enter new mailing address, if applicable:

3066 Oak St. N

(Mailing address MAY BE A POST OFFICE BOX)

Crestview, FL 32539

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:

Tracy Rowland

New Registered Office Address:

3066 Oak St. N

Enter Florida street address

Crestview

Florida 32539

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.

Tracy Rowland
If Changing Registered Agent, Signature of New Registered Agent

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005/006

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:

MGR - Manager**AMBR - Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tracy Rowland	3066 Oak St. N	<input type="checkbox"/> Add
		Crestview, FL 32539	<input checked="" type="checkbox"/> Remove
AMBR	Tracy Rowland	3066 Oak St. N	<input checked="" type="checkbox"/> Add
		Crestview, FL 32539	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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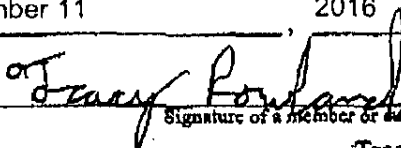
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0006/006

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 November 11, 2016



Signature of a member or authorized representative of a member

Tracy Rowland

Typed or printed name of signer

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