Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H200001345443)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : 120190000068 : (407)326-8484 : (407)604-6519 Fax Number

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

Email Address: ruben@moderossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CASUAL CLOTHES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Helpy SULKEP MAY 1 3 2020

COVER LETTER

TO: Registration Sec Division of Cor			
	LOTHES LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	RUBEN SOUZA		
		Name of Person	
	MEDEIROS SOUZA		
		Firm/Company	
	845 N GARLAND AVE, \$	TE 100	
		Address	· <u>··</u>
	ORLANDO, FL 32801		
		City/State and Zip Code	
	ruben@medeirossouza.com	to be used for future annual report notifi	cation)
			cuiton)
For further information of	concerning this matter, please co		
RUBEN SOUZA		407 326-8484 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Conference of Tallahassee, FL	porations allahassee 2 Street, Suite 810

To Bivision Cold Charlests American Lagrangian

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASUAL CLOTHES LEC				
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as <u>It now appears on our rec</u> Liability Company)	ords.)	
The Articles of Organization for this Limited L Florida document number L17000001738	iability Company	were filed on 01/03/2017	ar	nd assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
DREAMS DELUXE, LLC		<u> </u>		
The new name must be distinguishable and contain the v	voids "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		1308 67TH ST NW		
(Principal office address MUST BE A STREE		OD ANDENTON: CL 3 1200		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	registered office ess here: MEDEIROS S	SOUZA CORP AND AVE, STE 100	CRETARY OF STATE LAHASSEE. need on the name or IDA ter the name or IDA	2020 MAY 12 Per 2: 47
New Negistered Office Pagress		Enter Florida street ad	ldress	
	ORLANDO		, Florida <u>32801</u>	
	<u></u>	Ciţi	Zip	o 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 a 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.

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	Name	Address .	Type of Action
AMBR	LEILA FERRARA	1308 67TH ST NW	
		BRANDENTON, FL 34209	□Remove
			□Remove
			□Add
		Remove	
		□Add	
		🗖 Remove	
		☐ Change	
		□ Add	
		□Rcmove	
		□Remove	

Page 2 of 3

. If amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
Note: If the o	te, if other than the date of filing: O5/11/2020 (optional)
the record s) The 90th	specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of day after the record is filed.
Dated ORLA	ANDO 11 2020
_	Signature of a member or authorized representative of a member
R'	UREN SOUZA, authorized representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



May 8, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CASUAL CLOTHES LLC 4301 URBANA DR ORLANDO, FL 32837US

SUBJECT: CASUAL CLOTHES LLC

REF: L17000001738

We have received your document for CASUAL CLOTHES LLC and the authorization to debit your account in the amount of \$30.00. However, the document has not been filed and is being returned for the following:

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 .

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) 245-6050.

Octavia L Simmons FAX Aud. #: H20000134544

Regulatory Specialist II Supervisor Letter Number: 820A00009508