117000053286

(Re	equestor's Name)	,
(Ac	ldress)	
(Ac	Idress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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SECRETARY DE STATE DIVISION OF CORPORATIONS

COVER LETTER

	istration Se sion of Cor			
SUBJECT:	Connection	n Dream, LLC	•	
SCHOLET		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Victor Tiberge		
	•		Name of Person	
		Connection Dream, LLC		
			Firm/Company	
		7500 NW 25th ST, Unit	216-A	
			Address	
		Miami, Florida 33122		
			City/State and Zip Code	·
		victortiberge@gmail.com		_
			to be used for future annual report notif	ication)
For further inf	formation co	oncerning this matter, please ca	ill:	
Victor Tiberg	je 		786 508-8892 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fil	ling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial Florida document number L17000053286	ability Company were filed on 03/07/2017	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
T		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>en</u> ice address here:	ter the name of the n
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
,	Enter Florida street address , Florida	RETARY
	City	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	STA
I hereby accept the appointment as registered provisions of all statutes relative to the proper	agent and agree to act in this capacity. I further r and complete performance of my duties, and I d	agree to con want im familiar with and Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
VP	Rodriguez, Felix J	5779 SW 40 ST	
		Miami, FL 33155	■ Remove
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			☐ Remove
		 	☐ Change
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	n the date of filin	04/05/2018		(optional)		
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effective date is listed, the da			statutory ming requ	intenients, uns trate	WILL HOLDE I	isuu a
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