

**L17000059017**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 MAY 31 AM 7:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 01 2017

J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DREAM MAKERS 2017, 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:

KAREN BARCHOWSKI

Name of Person

DREAM MAKERS 2017, LLC

Firm/Company

610 W French Avenue

Address

Orange City, FL 32763

City/State and Zip Code

Kbarchowski@gmail.com

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

For further information concerning this matter, please call:

KAREN BARCHOWSKI

Name of Person

at (386) 864-0641

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

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

DREAM MAKERS 2017, 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 03/14/2017 and assigned  
Florida document number L17000059017

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

610 W French Avenue

Orange City, FL 32763

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

610 W French Avenue

Orange City, FL 32763

**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:

KAREN Barchowski

New Registered Office Address:

610 W French Avenue

Enter Florida street address

Orange City

City

Florida

Zip Code

RECEIVED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
MAY 31 AM 7:22  
2017

**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.*



**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Holly moree	704 MOODY Lane	<input type="checkbox"/> Add
		Flagler BEACH, FL 32136	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please Note that I am switching status/entity  
From A multi-member, LLC TO A sole member  
LLC. My EIN # WITH THE IRS WILL REMAIN  
THE SAME. EIN#: 82-0832463

Please let me know if ANY further  
information is required

IN addition there will not be a DBA  
name attached to LLC @ this time

DBA Sallys Ice Cream Shoppe SHOULD  
BE Removed

THANK YOU

17 MAY 31 AM 7:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


E. Effective date, if other than the date of filing: 05/23/2017 (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 May 23<sup>rd</sup>, 2017.



Signature of a member or authorized representative of a member

KAREN BARCOWSKI

Typed or printed name of signee