

U70006537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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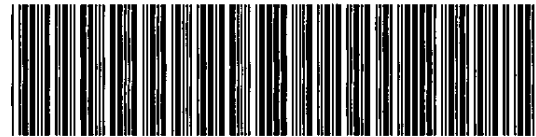
(Business Entity Name)

(Document Number)

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APR 11 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 10 PM 3:28

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DREAMZ CAPITAL PARTNERS 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:

RUBIDIA DE LA FE

Name of Person

DREAMZ CAPITAL PARTNERS LLC

Firm/Company

17101 SW 62 COURT

Address

SOUTHWEST RANCHES, FL 33331

City/State and Zip Code

ruby@teamdelafe.com

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

For further information concerning this matter, please call:

RUBIDIA DE LA FE

305

828-0001

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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17 APR 10 PM 3:28
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

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

DREAMZ CAPITAL PARTNERS 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 MARCH 22, 2017 and assigned
Florida document number L17000065537.

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)

17101 SW 62 CT

SOUTHWEST RANCHES, FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17101 SW 62 CT

SOUTHWEST RANCHES, FL 33331

**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:

New Registered Office Address:

16340 NW 59 AVE

Enter Florida street address

MIAMI LAKES

City

Florida

33014

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

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>
MGR	DG FAMILY HOLDINGS LLC	6300 APPALOOSA TRAIL	<input type="checkbox"/> Add
		SOUTHWEST RANCHES, FL 330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	D5 FAMILY HOLDINGS LLC	16340 NW 59 AVE	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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JUN 17 2010
3:28 PM

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 APR 10 PM 3:28

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee