

L17000092094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

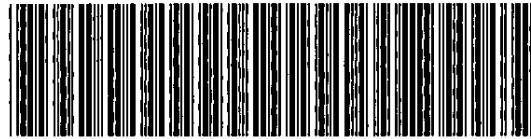
(Business Entity Name)

(Document Number)

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2017 MAY -4 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAY -5 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARE DREAM CASTLE 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:

YULEIDIS RICARDO PROENZA

Name of Person



Firm/Company

7705 EGIPT LAKE DR

Address

TAMPA FL 33614

City/State and Zip Code

YULEIDIS02@GMAIL.COM

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

For further information concerning this matter, please call:

YULEIDIS RICARDO PROENZA

813 965-6376
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

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

FILED
2017 MAY -6 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CARE DREAM CASTLER 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 TAMPA FLORIDA and assigned Florida document number L17000092094.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CARE DREAM CASTLE LLC

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)

7705 EGIPT LAKE DR

TAMPA FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

YULEIDIS RICARDO PROENZA

New Registered Office Address:

7705 EGIPT LAKE DR

Enter Florida street address

TAMPA

City

Florida 33614

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.


Yuleidis Ricardo Proenza
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>
PRESIDE	YUDEIDIS RICARDO PROENZA	7705 EGIPT LAKE DR TAMPA F	☒ Add
			☐ Remove
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JUN 14 4 34 PM '08
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TALLAHASSEE, FLORIDA

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

THE PRESIDENT OF CARE DREAM CASTLE LLC WANT TO REMOVE THE LETTER R FROM THE
WORD CASTLER. THE CORRECT NAME FOR HER LLC IS ALREADY MENTIONED. THANKS

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TALLAHASSEE, FLORIDA

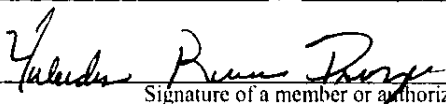
E. Effective date, if other than the date of filing: APRIL 26 2017 **(optional)**

(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 APRIL 26, 2017


Signature of a member or authorized representative of a member

YULEIDIS RICARDO PROENZA

Typed or printed name of signee