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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Office Use Only



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COVER LETTER

	sion of Corpo		•		
SUBJECT:	Dreamsters L	LC			
Wind to		Name of Limi	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for tiling.		
Please return	all correspond	dence concerning this matter	to the following:		
		Brian Stuck			
			Name of Person		
		Dreamsters LLC			
			Firm/Company		
		2742 Treasure Cove Circle			
			Address		
		Fort Lauderdale, Fl 33312			
		City/State and Zip Code			
		BrianStuck1112@Comcast.	Net to be used for future annual report notifi	outions	
For further in	formation cor	ncerning this matter, please co	·	Carony	
Brian Stuck			954 695-5994 at ()		
	Name of I	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
\$25.00 F	iling 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 Benefit of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dreamsters LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records, ted Liability Company))
the Articles of Organization for this Limited Liability Comp	any were filed on 01/16/2018	and assigned
lorida document number L18000013392		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	A 16 78
		-5 -5
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		10 32 10 32
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		_
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	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>	Address	Type of Action
MGR	Brian Stuck	2742 Treasure Cove Circle	
		Fort Lauderdale, Fl 33312	☐ Remove
			🛱 Change
	A		Add
			□ Remove
			Change
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Effect	ive date, if other than the date of filing:(o	optional)	
f'an ef	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements	after filing.) Pursuant to 6	05.0207 isted as t
	ent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12.5 90th day after the record is filed.	or a.m. on the ear	flier of:
Dated	Feb 1 2018		
Jaicu	Rain Villa		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00