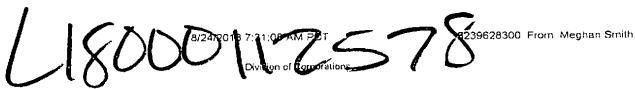
8/8/2018



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002309643)))



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To:

Division of Corporations

Fax Number

: (858)617-6383

From:

Account Name

: LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

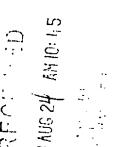
: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

CINATT MOOL COS.	Ema	ail	Address	:
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SECOND REQUEST.





## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PYRAMID DREAMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

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K. SALY AUG 27 2018 TO:

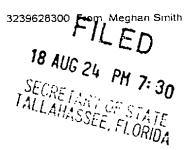
Registration Section

## **COVER LETTER**

Division of Co	rporations		
	D DREAMS, LLC		
SUBJECT:	Name of Limit	red Liability Company	<del></del>
	and the second s	aland for filling	
	f Amendment and fee(s) are subr		
Please return all corresp	ondence concerning this matter t	n the following:	
	cu M. I		
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com. Inc.		
		Firm:Company	
	101 N. Brand Blvd., 11tl	h Floor	
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	Pyramidsandreams@gma	ill.com to be used for future annual report not	itigations
			(i) (di) Oily
For further information	concerning this matter, please co	dt:	
Cheyenne Moseley		800 773-0888	ext. 9724
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the fallowing amount		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	■ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
П - 225/00 Littill Lec	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
	LING ADDRESS: stration Section	STREET/COUR Registration Secti	IER ADDRESS:
	sion of Corporations	Division of Corpo	
P.O.	Box 6327	Clifton Building 2661 Executive C	Suntar Cirola
Talk	ihassee, FL 32314	2661 Executive C	enter Unitie

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PYRAMID DREAMS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000112578</u>	were filed on 05/04/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liah	sility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3600 Mystic Pointe Dr #604	
(Principal office address MUST BE A STREET ADDRESS)	Aventura, Florida 33180	
Enter new mailing address, if applicable:	3600 Mystic Pointe Dr #604	
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, Florida 33180	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	<u></u>	r the name of the n
New Registered Office Addition.	Enter Florida street ackhess	
	, Florida	Zip Code
	City	Table Carrette

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.

H Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Chandra Wofte	3600 Mystic Pointe Dr. #604	<b>☑</b> Add
		Aventura, FL 33180	Remove
AMBR_	Pyramid Dreams	3600 Mystic Pointe Dr., Apt 604	
		Miami, Florida 33180	<b>⊠</b> Remove
			□ Add
			BAGG 24 PH 7
			18 AUG 24 PM 7: 30 PM AIGE PH 7: 30 PM AIGE PH 7: 30 PM AIGE PH AIGH PH 7: 30 PM AIGE PH AIGH
			Add
			Remove
			Add
			☐ Remove

).	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F_	Effective date, if other than the date of filing:(optional)
	Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated ANCHIST 242 . 2018 .
	Chandre Work
	Signature of a member or authorized representative bi a member
	Chandra Wolfe
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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18 AUG 24 PH 7: 30
SECKELERS FLORIDA