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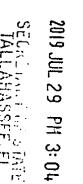
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Se Division of Cor						
CUDIE		DREAMS LLC					
SUBJE	C 1;	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	etum all correspo	ondence concerning this matter	to the following:				
		TORSTEN WIESE					
			Name of Person	 			
	1. GERMAN AMERICAN BUSINESS CORPORATION						
Firm Company							
	13031 MCGREGOR BLVD., STE. 14 Address						
		FORT MYERS, FLORIDA	Λ 33919				
	City State and Zip Code						
		info@ibotl.org					
			to be used for future annual report notil	ication)			
For furth	her information e	oncerning this matter, please co	all;				
TORST	EN WIESE		239 344-7536 at ()				
	Name o	f Person	Area Code Daytina	e Telephone Number			
Enclosed	d is a check for t	ne 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

ORANGEDREAMS LLC								
(Name of the Lim	ited Liability Company (A Florida Limited Lia	ns it now appears on our r bility Company)	ccords)					
	Liability Company w	ere filed on05/09/2018	:	ınd assigr	ned			
Florida document number L18000117160	·							
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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)								
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 abbrevia	tion "L.L.C	·			
Enter new principal offices address, if appli	cable:							
(Principal office address MUST BE A STRE	ET ADDRESS)		<u></u>					
	-							
			;r	201				
Enter new mailing address, if applicable:	-		A C	<u></u> _				
(Mailing address MAY BE A POST OFFICE	BON)		<u> </u>	<u> </u>				
	-		<u> </u>		i, iano			
			SEE G.	PH				
		ce address on our rec	rords, <u>enter Méd</u> কান	- 	the new			
registered agent and/or the new registered of	nice address here.		نا پاي	•				
Name of New Registered Agent:	1. GERMAN AM	ERICAN BUSINESS CO	RPORATION					
New Registered Office Address:	13031 MCGREGOR BLVD., STE.14							
The new name must be distinguishable and contain to Enter new principal offices address, if ap (Principal office address MUST BE A STE) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent a registered agent and/or the new registered. Name of New Registered Agent:		Enter Florida street a	ndelress					
	FORT MYERS		Florida					
		Cin	Ziı	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
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Effective date, if other than the date If an effective date is listed, the date must be s <u>Note:</u> If the date inserted in this block d document's effective date on the Depart	pecific and cannot be prior to loes not meet the applicat	date of filing or more than 9 de statutory filing require	(optional) 0 days after filing.) Pursuant to 6 ments, this date will not be li	05,0207 sted as
ne record specifies a delayed eff The 90th day after the record	ective date, but not is filed.	an effective time, al	12:01 a.m. on the ear	lier of
Oated	2019			
Dateu				

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00