

L18000174021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

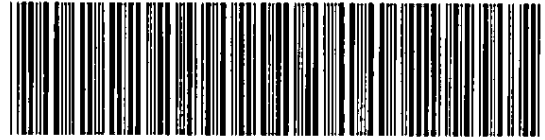
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600338253366

01/02/20--01013--026 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 JAN -2 AM 9:48

LLC
Amend.

FEB 06 2020

D CONNELL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Dream Catcher 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:

Shane Michael Cobb

Name of Person

Firm/Company

1229 George Street

Address

Sebastian, FL 32958

City/State and Zip Code

adc.llc.contracting@gmail.com

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

For further information concerning this matter, please call:

Shane Michael Cobb

321

432-8598

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AMERICAN DREAM CATCHER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 JAN -2 AM 9:48

The Articles of Organization for this Limited Liability Company were filed on 07/19/2018 and assigned
Florida document number L18000174021

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:

1229 George Street

(Principal office address MUST BE A STREET ADDRESS)

Sebastian, FL 32958

Enter new mailing address, if applicable:

1229 George Street

(Mailing address MAY BE A POST OFFICE BOX)

Sebastian, FL 32958

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:

Shane M Cobb

New Registered Office Address:

1229 George St

Enter Florida street address

Sebastian

Florida 32958

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Whitney L Shotwell	3394 Jay Tee Drive	<input type="checkbox"/> Add
		Melbourne, FL 32901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shane M Cobb	1229 George St	<input type="checkbox"/> Add
		Sebastian, FL 32958	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

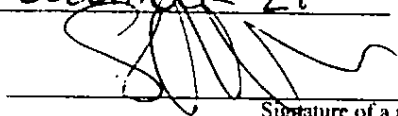
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please remove Whitney L Shotwell as an authorized member per her written request. Please see attached e-mails stating her request.

E. Effective date, if other than the date of filing: 12/27/2019 **(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 DECEMBER 27, 2019.



Signature of a member or authorized representative of a member

Shane Michael Cobb

Typed or printed name of signee