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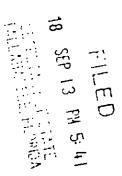
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Registration So Division of Cor			
SUBJI	ест:АМ	ERICAN DREAMLA Name of Lim	ND LLC ited Liability Company	
		Amendment and fee(s) are sub-		
	·	-	- LIPSON Name of Person	
		THE UPSO	N PROFESSIONAL (TR	oup
		1515 N. U	NIVERSITY DR , SUITE	<del></del>
			City/State and Zip Code  SBLO. NET  To be used for future annual report notif	
For fur	ther information o	concerning this matter, please ca	all:	
	SAUL U Name (	PSON of Person	at ( <u>954</u> ) <u>755 - U</u> Area Code Daytime	1405 ext 205 Telephone Number
Enclos	ed is a check for t	he following amount:		
<b>♥</b> \$2	5.00 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)
		ING ADDRESS:	STREET/COURII Registration Section	

Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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

AMERICAN DREAMLA	ND. UC	magnetic \
(A Florida Limit	ted Liability Company)	records.
The Articles of Organization for this Limited Liability Compa	any were filed on $8 \overline{39}$	18 and assigned
Florida document number L18000207339	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designatio	n "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	8 1
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		الم المالية
	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
N. B. C. L. M. C.	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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	VANESSA NAVARRO	1100 BISCAYNE BLVD UNIT HI	101 🗆 vqq
•		MIANI, FL 33132	Remove
٠			☐ Change
MUR	JOSHUA THOMAS REICH	2224 SW 82 PL	X Add
		MIANI, PL 33155	□ Remove
			Change
			Add S
			- Rymove
			Add SE Rymon Change
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Tective date, if other in effective date is listed, ite: If the date inserte cument's effective dat	d in this block does	not meet the app	dicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant to 605. , this date will not be liste
record specifies a The 90th day afte	delayed effecti the record is fi	ve date, but led.	not an effectiv	ve time, at 12:0	01 a.m. on the earlie
ed <u>SEPTEMB</u>	DR 12 <sup>TH</sup>				
			/ 4		
	- Consture	of a member or al	nhorica representa	ative of a member	

Page 3 of 3

Filing Fee: \$25.00