118000230452

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/15/18--01002--024 **25.00

COVER LETTER

TO:	Registration Se Division of Cor			
CHD	DREAM R JECT:	EMODELING & DESIGN		
SUD.	JEC1.	Name of Limi	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Pleas	se return all correspo	ndence concerning this matter t	to the following:	
		SERGIO MOYANO		
		DREAM REMODELING	Name of Person & DESIGN	
		634 SW 2 STREET APT #-	Firm/Company 4	
		MIAMI, FL 33130	Address	
		COCOLUGOSI@GMAIL.C	City/State and Zip Code COM	
		E-mail address: (t	o be used for future annual report noti-	fication)
For f	urther information co	oncerning this matter, please ca	ill:	
SER	GIO MOYANO		786 5218371 at ()	
	Name of	「Person	Area Code Daytime	e Telephone Number
Enclo	osed is a check for th	e following amount:		
■ \$	325.00 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**

FILED

2018 OCT 15 PM 3: 52

DREAM REMODELING & DESIGN

SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records) LAHASSEE, FL (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ty Company were filed on	and assigned
Florida document number L18000230452		
This amendment is submitted to amend the following	ā:	
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:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our re	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	addrass
	Linei i wata sireei	
	City	, Florida 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>	Type of Action
AMBR	SERGIO MOYANO	15100 NE 8 AVE. MIAMI, FL 33162	■ Add
			☐ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
		***	Add
		Remove	
			Change
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			Remove
			☐ Change

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•	10/09/2018
Effect	ive date, if other than the date of filing:(optional)
Note:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	10/9/18
Dateu	halpan

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Typed or printed name of signee

Filing Fee: \$25.00