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R. WHITE DEC 21 2018



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DREAN Services and Repair 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:
DREAN HERNANDEZ Name of Person
DREAD Services and Repair LLC
13463 SW 62 ND ST APT 3
MIGMI, FL 33183 City/State and Zip Code
905 roc 53 @ 9 mail. Com E-mail address: (to be associor future annual report notification)
For further information concerning this matter, please call:
Drean Hernandez at (786) 554-7875 Name of Person at (786) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Status Status Solution Status Sta

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

AKTICLES OF OF	GANIZATION	
OF		
DRean Services (Name of the Limited Liability Company (A Florida Limited Liability Company)	and Repair as it now appears on oud records.) billity Company)	ZOIB DEC 13 PM 1:07 TALLAGASSESTATE
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 18 000 25 46 28</u>	vere filed on	2/8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:		iter the name of the new
New Deviatored Office Address		
New Registered Office Address:	Enter Florida street address	

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>	Name	Address	Type of Action
AMBR	Anisley Sesin	13463 SW 62 S+ #3 MIAMI, FL 33183	Add
		MIAMI, FL 33183	Remove
			Remove
			Change
			DAdd
			Remove
			Change
			D Add
			☐ Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			□ Remove
			□ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Non	ctive date, if other than the date of filing: 11/10/2018 (optional) 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) E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the iment's effective date on the Department of State's records.
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d /2/06/2018 Signature of a member or authorized representative of a member
	× Thur
	Signature of a member or authorized representative of a member
	Drean Hernandez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00