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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Linky (Valle)
(Document Number)
Certified Copies Certificates of Status
Control of the Street Officer
Special Instructions to Filing Officer:
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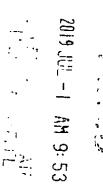
Office Use Only



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R. WHITE JUL 15 2019



#### **COVER LETTER**

4	ering Place Orlando LLC						
SUBJECT:Name of Limited Liability Company							
	eles of Amendment and fee(s) are submitted for filing.						
Please return all co	prespondence concerning this matter to the following:						
	Rechelle Williams						
	Name of Person						
	Gathering Place Orlando LLC						
	Firm/Company						
	2765 Youngford St						
	Address						
	Orlando, FL 32824						
	City/State and Zip Code rechelle_lynn@yahoo.com						
	E-mail address: (to be used for future annual report notification)						
For further informa	ation concerning this matter, please call:						
Rechelle Williams	407 289-7269						
	Name of Person Area Code Daytime Telephone Number						
Enclosed is a chec	k for the following amount:						
□ \$25.00 Filing 1	Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 7

2019 JUL - 1 AH 9:53

Gathering	Place	Orlando	LLC
Countries	11400	VIII 100	

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

The Articles of Organization for this Limited Liab	ility Company were filed on May 29, 2019	and assigne
Florida document number L19000143819	<del></del> -	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
Dreams Event Studio LLC		
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our reco	rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
	Emer Frontal Street dad	reas
-	City	FloridaZip Code
	\ <u>.,</u>	zag e verec

#### 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 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, <u>enter the title, name, and address of each person\_bein or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
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			Change
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E. Effective date, if other than the date of filing:
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 June 24 . 2019 .  Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
registrate of a member of auditorized representative of a member
Rechelle Williams
Typed or printed name of signee

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

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Filing Fee: \$25.00