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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. BUTLER

JAN -7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Dream Rewards, 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:

Fatima Q. Sena
Name of Person

American Dream Rewards, LLC
Firm/Company

10 Federal Lane
Address

Palm Coast, FL 32137
City/State and Zip Code

FQ Sena @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fatima Q. Sena at (386) 931-5065
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 Rewards, LLC

(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 Liability Company were filed on 5/31/2019 ^{if} and assigned
Florida document number 219000145585

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:

(Principal office address **MUST BE A STREET ADDRESS**)

160 Cypress Point Pkwy
Unit D114
Palm Coast, FL 32164

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10 Federal Lane
Palm Coast, FL 32137

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:

Fatima Q. Sena

New Registered Office Address:

10 Federal Lane

Enter Florida street address

Palm Coast

City


Florida

32137

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	Jenna Gibson	5 Emerson Dr.	<input type="checkbox"/> Add
		Palm Coast, FL 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Justin Vanadore	19 Pershing Lane	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32164	<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

[illegible]

(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)

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 November 12, 2021.


Signature of a member or author

Signature of a member or authorized representative of a member

Fatima Q. Sena
Typed or printed name of signee

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 FEB 27 11:08:18

December 8, 2021

FATIMA Q SENA
10 FEDERAL LANE
PALM COURT, FL 32137

SUBJECT: AMERICAN DREAM REWARDS, LLC
Ref. Number: L19000145585

We have received your document for AMERICAN DREAM REWARDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 621A00029470