119000 191389

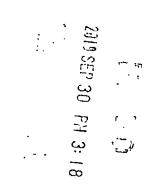
uestor's Name)	<u> </u>
ress)	- : -
ress)	
/State/Zip/Phone	e #)
☐ WAIT	MAIL
iness Entity Nan	ne)
ument Number)	
Certificates	of Status
iling Officer:	
	ress) /State/Zip/Phone WAIT iness Entity Nan ument Number) Certificates

Office Use Only

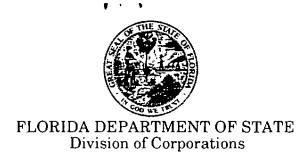


000332682100

08/12/19--01008--011 +*25.00



R WHITE SIP 3 U 2019



September 10, 2019

MARIA DAVILA 15530 LAKE BELLA VISTA DR TAMPA, FL 33625

SUBJECT: MY DREAM INVESTMENTS LLC

Ref. Number: L19000191389

We have received your document for MY DREAM INVESTMENTS 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):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 219A00018639

3019 SEP 30 PH 12: 02

BECEINED

www.sunbiz.org



August 20, 2019

MARIA DAVILA 15530 LAKE BELLA VISTA DR TAMPA, FL 33625

SUBJECT: MY DREAM INVESTMENTS LLC

Ref. Number: L19000191389

We have received your document for MY DREAM INVESTMENTS 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 document must be signed by a member or an authorized representative of a member.

The typed or printed name of the signee must also be included.

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.

Letter Number: 519A00016976

Rebekah White Regulatory Specialist II Supervisor

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION	r .
О	F	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our	1 S C 30 P2 3: 18
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000191389</u>	were filed on S	1 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the 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)		
(Maning address MAT BE A FONT OFFICE BOX)		
•		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		. Florida
	City	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 = Au	thorized Member	
Title AMBR	Name Maria Davila	Address 15530 Lake Bella Visha Dr. Tampa, FL, 33675 BAdd
		Remove
AMBR	Fidel Gines	15530 Lake Bella Vista Dr. Tampa, Fl. 331025 - Add
		Remove
AMBR	David Ialesias	5146 Prairie View Way Wesley Chapel, FL, 335450 Add
		□ Remove
		55 Change
		Remove
		Change
		Remove
		Change
		Add
		□ Remove
		Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	ive date, if other than the date of filing:
he re The	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	8/1/2019
	Signature of a member or authorized representative of a member
	FIDEL GIMES Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00