# L19000 195247

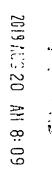
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# **COVER LETTER**

TO: Registration Secti Division of Corpo		
SUBJECT:	Dream Team Marketing Empire LLC Name of Limited Liability Company	
The enclosed Articles of A	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Lorena Price	
	Name of Person	
	Firm/Company	
	207 Gleason PKwy	
	Cape Coral FL 339,14  City/State and Zip Code	
	E-mail address: (to be fised for future satural report notification)	
For further information con	cerning this matter, please call:	
Marcus	Price at (339) 989 - 8628  Area Code Daytime Telephone Number	
Name of f	erson Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
□ \$25.00 Filing 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: 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



The Articles of Organization for this Limited Liability Company were filed on  $\frac{7}{3}$  / 1/9 Florida document number <u>L 190</u>00195247 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 "LLC." 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

## 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 Title **Address Type of Action** Name Jason Bhimiji 4908 Pelican Blvd DAdd Cape Coral FL. 33914 PRemove \_□ Change \_□ Add □ Remove \_□ Change \_D Add \_\_\_\_ Change □ Add ☐ Remove \_\_\_\_\_ Change □ Add ☐ Remove \_□ Add □ Remove

D. If amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
	·
<del> </del>	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	tiling or more than 90 days after filing.) Pursuant to 605,0207 (3)
If the record specifies a delayed effective date, but not an eff (b) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated August 13th 2019	
Mc P.	-
Signature of a member or alithorized repr	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00