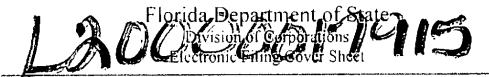
2/26/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DREAM CAPITAL ADVISORS, LLC

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FEB 27 2020

TO:

Registration Section

## **COVER LETTER**

Division of Cor	porations		
	APITAL ADVISORS, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Cheyenne Moseley		
	<del></del>	Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	· <del></del>
	Glendale, CA 91203		
		City/State and Zip Code	
	robertcook6@sbcglobal.net		
	E-mail address: (	to be used for future annual report notifi-	cation)
For further information of	concerning this matter, please or	all:	
Cheyenne Moseley		800 773-0888 at () Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Fiting 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for this Limited Liability Company were filed on D1/10/2020 and assigned in the Articles of Organization for the Indicator of Organization for the Indicator of Organization for the Indicator of Organization for Company in the Articles of Company in the Articles of Organization for Company in the Arti	DREAM CAPITAL ADVISORS, I			· 21				
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 meregistered agent and/or the new registered office address here:  Name of New Registered Agent:  Name of New Registered Agent:  Name of New Registered Address:  Robert Cook  New Registered Office Address:  Naples  Florida 34103	(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	rcords.)	. ,			
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 "L.J.C." or the abbreviation "L.J.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 on our records, enter the name of the meregistered agent and/or the new registered office address here:  Name of New Registered Agent:  Name of New Registered Agent:  Name of New Registered Address:  Robert Cook  New Registered Office Address:  Naples  Florida 34103			were filed on $\frac{01/10/2020}{}$	and assigned				
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 management and/or the new registered office address here:    Name of New Registered Agent:   Robert Cook				AM IO:				
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 management of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Robert Cook  New Registered Office Address:  Name of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Name of New Registered Agent:  Name of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Name of New Registered Agent:  Name of New Regist	A. If amending name, enter the new name o	f the limited liab	bility company here:					
Enter new principal office 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 management and/or the new registered office address here:    Name of New Registered Agent:   Robert Cook     New Registered Office Address:   Enter Florida street address     Name of New Registered Office Address     Name of New Registered Office Address	The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."				
(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 neregistered agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:  Robert Cook  Enter Florida street address  Naples  Naples  Florida 34103	Enter new principal offices address, if applic	able:	2614 Tamiami Trl N.		_			
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 material registered agent and/or the new registered office address here:    Name of New Registered Agent:   Robert Cook     New Registered Office Address:   Enter Florida street address     Name of New Registered Office Address:   Enter Florida street address	•		Naples, Florida 34103					
Name of New Registered Agent:  New Registered Office Address:  Robert Cook  2614 Tamiami Trl N.  Enter Florida street address  Naples , Florida 34103		BOX)			- -			
City Zip Code	Name of New Registered Agent:	Robert Cook  2614 Tamiami	Trl N.  Enter Florida street d	address	<u>new</u>			
				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.

> Robert Cook Robert Cook 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>	Address	Type of Action
AMBR	Robert Cook		
		·	☐ Remove
		2614 Tamiami Trl N. Naples, Florida 34103	
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			202 Remove
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