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07/27/20--01068--012 **25.00

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: "NURSE O	ON THE GO SERVICE	S" LLC	
<u> </u>		ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Processing Departmen	nt.	
	1 Toccssing Departmen	Name of Person	
		Firm Company	
	5605 Riggins Court S	· · · · · · · · · · · · · · · · · · ·	·
		Address	
	Reno, NV 89502		
		City State and Zip Code	
	docs@incauthority.com		
	E-mail address: (t	o be used for future annual report	(notification)
For further information con-	cerning this matter, please ca	II:	
Processing Departmen	t	at (800) 638-23	320
Name of P	erson		lytime Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	S55.00 Filing Fee &	□ \$60 00 Filing Fee.
and a second a second and a second a second and a second a second and a second and a second and	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &

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

	GO SERVICES", LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	等编 一下
		16 Z
The Articles of Organization for this Limited Liability Company	were filed on 01/27/2020	and assigned.
Florida document number L20000033401		5
This amendment is submitted to amend the following:		• •
A. If amending name, enter the new name of the limited liab	ility company here:	
DREAM DOLLZ SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ie abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11951 SW 6th St	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33184	
Enter new mailing address, if applicable:	11951 SW 6th St	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33184	
	_	
B. If amending the registered agent and/or registered of	ffice address on our records, <u>en</u>	ter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
No. 10 10 10 10 10 10 10 10 10 10 10 10 10		
New Registered Office Address:	Enter Florida street address	
	Secretary a star mass, prog. List Guider Co.S.	
		
	City	Zıp 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:

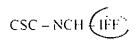
MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			D Add
			☐ Remove
			Change
			Remove
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b	usiness is Providing Nursing Services and Transportation to
р	atients that are ill and/or post surgery.
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ectiv	e date, if other than the date of filing:
effec	tive 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 605.02 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
umer	nt's effective date on the Department of State's records.
racn	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he 9	Outh day after the record is filed.
cd _	Duly 17 . 20.20
	Eucka Mana
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00



TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ATTN: OCTAVIA SIMMONS

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

ATTN: OCTAVIA SIMMONS

FROM: National Corporate Headquarters. Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Monday, July 20, 2020

SENT VLA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment to Articles of (Organization or Incorporation) For "NURSE ON THE GO SERVICES", LLC

We have included payment in the amount of \$25.00 for the following fees:

Amendment

We have included one original

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 5605 Riggins Court Suite 200 Reno NV 89502