L20 0000 33653

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otale/Lip/1 Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Emily Hame)
(Document Number)
Contitud Continue of Chabin
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700354593987

11/09/20--01018--004 **25.00

FILED 2020 NOV -9 PH 5: 37

12/15/20

COVER LETTER

TO:	Registration Se Division of Co		• •	e e e e e e e e e e e e e e e e e e e			
CUD IE	Dream Jon	ney LLC					
Name of Limited Liability Company							
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please r	etum all correspo	ondence concerning this matter	to the following:				
		CAMILA RIBEIRO					
			Name of Person				
	Firm/Company						
	6120 RALEIGH STUNIT 1406						
	Address ODL ANDSO ET 22027						
		ORLANDO FL 32825	(1) (0) (1) (1) (1) (1)	 			
		JULIANAMGAVIA()@H(City/State and Zip Code OTMAHLCOM				
		E-mail address: (to be used for future annual report no	tification)			
For furth	ner information o	oncerning this matter, please c	all:				
JULIANA KARFITSAS Name of Person			321 4365110 at ()				
				ne Telephone Number			
Enclosed	d is a check for th	ne 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:		Street Address:	nation				
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Registration So Division of Co				
			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREAM JOOKING BES.			
(Name of the Lim	(A Florida Limite	ipany as it now appears on our record d Liability Company)	<u>1s.</u>)
The Articles of Organization for this Limited I forida document number L2000033653	Liability Compa	ny were filed on 01/27/2020	and assigned
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited li	ability company here:	
АМЕ			
he new name must be distinguishable and contain the	words "Limited Lia	ibility Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	SAME	
Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>		<u>~</u>
			020
			020 NOV
nter new mailing address, if applicable:		SAME	ے ہے۔
Mailing address MAY BE A POST OFFICE	BOX)		P
			் பூ
			ω
. If amending the registered agent and/or gent and/or the new registered office addre		e address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:	SAME		
New Registered Office Address:			
		Enter Florida street addres	is .
	<u> </u>	, Fl	orida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DREAM IOHDNEY LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	-Amira CAANCS RUP	ກ່ວ 6120 RALEIGH ST UNIT 1406	
		ORLANDO FL 32835	□Remove
			■Change
			□Add
			Remove NOV Change
			DE AND ST. CONTRACTOR
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□Chang

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGE AMBR NAME Effective date, if other than the date of filing: ______ (optional)
(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) E. Effective date, if other than the date of filing: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 03

Signature of a member or authorized representative of a member

Annua Libura Ruhii

Typed or printed name of signee