

LZO 000051870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

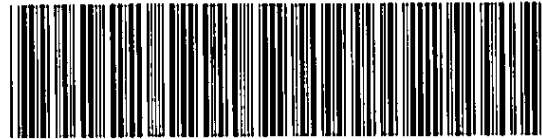
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/20--01007--008 **25.00

JUN 29 2020
S. YOUNG

FILED
2020 JUN 11 AM 6:48

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Dreamz LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Dyllan Smith
Name of Person

American Dreamz LLC
Firm/Company

1317 Edgewater Dr #1976
Address

Orlando FL 32806
City/State and Zip Code

americandreamz1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dyllan Smith at (407) 452-2296
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

American Dreamz LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 JUN 11 AM 6:58
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ORLANDO
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/20/2020 and assigned Florida document number L20000051870.

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 "L.L.C."

Enter new principal offices address, if applicable: 1725 Jessamine Ave
Orlando, FL 32806
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: P.O. Box 568829
Orlando, FL 32856
(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: Alicia Smith

New Registered Office Address: 1725 Jessamine Ave
Enter Florida street address
Orlando, Florida 32806
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.

Alicia Smith
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>	<u>Address</u>	<u>Type of Action</u>
Ambr	Dyllan Smith	1725 Jessamine Ave	<input type="checkbox"/> Add
		Orlando, FL 32806	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Ambr			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jason Smith	1725 Jessamine Ave	<input type="checkbox"/> Add
		Orlando, FL 32806	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. 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)
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 5/23/2020

Dyllan Smith
Signature of a member or authorized representative of a member

Dyllan Smith
Typed or printed name of signee