

L70 000065750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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05/08/20--01006--007 **55.00

S TALLENT

JUN 04 2020

2020 JUN -3 AM 9:02

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NLC*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020.05.26 12:14

May 26, 2020

DOMINIQUE CLEVELAND
1419 KING RAIL LANE
MIDDLEBURG, FL 32068

SUBJECT: TRUE DREAMS FINANCIAL LLC
Ref. Number: L20000065750

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 820A00010459

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Dreams Financial 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:

Dominique Cleveland
Name of Person

Firm/Company

1419 King Rail Lane
Address

Middleburg, FL 32068
City/State and Zip Code

Contact @ true dreams financial . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominique Cleveland at (202) 520-4092
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**

True Dreams Financial LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 02/27/2020 and assigned Florida document number L20000065750

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

True Dreams Enterprises L.L.C.

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:

(Principal office address MUST BE A STREET ADDRESS)

1115 Blanding Blvd Suite
Orange Park, FL 32065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1115 Blanding Blvd Suite #204
Orange Park, FL 32065

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:

Registered Agents Inc.

New Registered Office Address:

7901 4th Street N Suite 300

Enter Florida street address

St. Petersburg

City

Florida 33702

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.

Bill Hume

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	Dominique Cleveland	1419 King Rail Lane	<input checked="" type="checkbox"/> Add
		Middleburg, Fl. 32068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Taren Cleveland	1419 King Rail Lane	<input checked="" type="checkbox"/> Add
		Middleburg, Fl. 32068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated 05/04/2020 2020

Signature of a member or authorized representative of a member

Dominique Cleveland Typed on

Typed or printed name of signee

Filing Fee: \$25.00