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## **COVER LETTER**

TO: Registration Se Division of Con			
	omote Success, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Danesha Simmons		
		Name of Person	
	Dreams Promote Success,	LLC	
		Firm/Company	
	1801 Brantley Rd. Apt. 19	06	
		Address	<del></del>
	Fort Myers, FL		
	<del></del>	City/State and Zip Code	<del></del>
	daneshasimmons2@gmail.c		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Danesha Simmons		901 2835615	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee,		The Centre of T	
i ananassee,	1 12 242 14	2413 IN. IMONIO	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dreams Promote Success, LLC

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

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, :p,,	
The Articles of Organization for this Limited Liability Comp	any were filed on May 8	th, 2020 and assigned
Florida document number L20000124733.		
This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited	liability company here:	場。こり
The new name must be distinguishable and contain the words "Limited I	liability Company," the desig	nation "Ll.C" or the abbreviation "LC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our reco	rds, enter the name of the new registered
New Registered Office Address:		
	Enter Florida	street address
		Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is

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:

MCD - M.

	MGR =	Manager
	AMBR =	Authorized Member
•		

<u>Title</u>	Name	Address	Type of Action
AP	Danesha Simmons		□Add
		1801 Brantley Rd. Apt 1906 Fort Myers, FL 33907	= Remove
		-	□ Change
			□Remove
			□Change
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			□Remove
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Effective date, if other than the (If an effective date is listed, the date mu. Note: If the date inserted in this be document's effective date on the E	ist be specific and cannot be prior to lock does not meet the applicat			
ne record specifies a delayed effection of is filed.	ve date, but not an effective tim	ne, at 12:01 a.m. on the e	carlier of: (b) The 90th da	y after the
Dated	2020	_ ·		
N am	MU CIN LOM Signature of a member or author	<i>S</i> /		_ <del>_</del>
	signature of a member of author	ized representative of a me	moer	
Danesha Simmons				

Filing Fee: \$25.00