

L20000 152406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

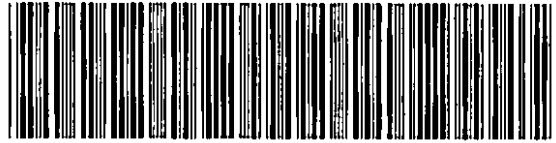
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600347389346

07/02/20--01018 -011 **30.00

2020 JUL -2 PM 6:36

FILED

AUG 14 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dreams Get Me Going
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:

Jason A. Pizzini
Name of Person

Dreams Get Me Going
Firm/Company

351 Crossing Blvd Apt 1211
Address

Orange Park FL 32073
City/State and Zip Code

DEMEGEMT@gmail.com
E-mail address: (to be used for future annual reporting/notification)

For further information concerning this matter, please call:

Jason A. Pizzini at (904) 903-1339
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

Dreams Get Me Going

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

2020 JUL -2 6:36

FILED

The Articles of Organization for this Limited Liability Company were filed on 6/4/2020 and assigned
Florida document number L20000157406.

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:

(Principal office address MUST BE A STREET ADDRESS)

11050 Art Museum Drive
Jacksonville FL 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

351 Crossing Blvd Apt 1211
Orange PK FL 32073

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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> |
|--------------|-----------------|----------------------------|---|
| CEO | Jason A Pizzini | 351 Crossing Blvd Apt 1211 | <input checked="" type="checkbox"/> Add |
| | | Orange Pk FL 32073 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Jason A Pizzini | 351 Crossing Blvd Apt 1211 | <input checked="" type="checkbox"/> Add |
| | | Orange Pk FL 32073 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

(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.

Dated 10/27/2020 . 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

MONTH TO MONTH LEASE AGREEMENT



\$125 A week
\$500 A month

This Month-to-Month Lease Agreement (hereinafter "Lease") is entered into this the 9th day of June 2020, by and between the Lessor: Termaine Manning hereinafter referred to as "Landlord"), and the Lessee(s): JASON PIZZINI. All Lessees (hereinafter referred to collectively as "Tenant"), are jointly, severally and individually bound by, and liable under, the terms and conditions of this Lease.

For the valuable consideration described below, the sufficiency of which is hereby acknowledged, Landlord and Tenant do hereby covenant, contract and agree as follows:

- 1. GRANT OF LEASE.** Landlord does hereby lease unto Tenant, and Tenant does hereby rent from Landlord, solely for use as a personal residence, excluding all other uses, the personal residence located with the address of: 1650 Art Museum Drive Jax FL 32207
- 2. TERM OF LEASE.** This Lease shall commence on the 9th day of June, 2020 and shall continue on a month to month basis (otherwise known as a "Tenancy at Will") with payment due as stated in Section 4 of this agreement. To terminate this Lease, the Landlord must provide written notice at least 30 days prior to the end of the month; to terminate this Lease, the Tenant must provide written notice to the Landlord at least 30 days prior to the end of the month.
- 3. SECURITY DEPOSIT.** Upon execution of this Lease, Tenant shall deposit the sum of ZERO (\$ \$0) to be held by Landlord as a security deposit for reasonable cleaning of, and repair of damages to, the premises upon the expiration or termination of this Lease, or other reasonable damages resulting from a default by Tenant. Tenant shall be liable to Landlord for all damages to the leased premises upon the termination of this Lease, ordinary wear

Terrence Ivey
Terrence Ivey, Landlord

STATE OF FLORIDA
COUNTY OF DUVAL

BE IT KNOWN, that on this 9 day of JUNE, Two thousand and twenty (2020), before me, TERRENCE IVEY, a Notary Public in and for the State of FLORIDA, a duly commissioned and sworn, dwelling in the CITY OF JACKSONVILLE, personally appeared JELENE NANNING, to me personally known, or who provided

a:

PDL M XXXX-XX-216-0
as a form of identification, and known to me to be the same person described in and who executed this document and he/she acknowledged the same to be his/her act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed and affixed my seal of office the day and year last above written.

Terrence Ivey
Notary Public, State of Florida
Print Notary Name:
My Commission Expires:
Commission Number:



Jason Pittman, Tenant

STATE OF FLORIDA
COUNTY OF DUVAL

BE IT KNOWN, that on this 9 day of JUNE, Two thousand and twenty (2020), before me, TERRENCE IVEY, a Notary Public in and for the State of FLORIDA, a duly commissioned and sworn, dwelling in the CITY OF JACKSONVILLE, personally appeared

a:

PDL XXXX-XX-223-0
as a form of identification, and known to me to be the same person described in and who executed this document and he/she acknowledged the same to be his/her act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed and affixed my seal of office the day and year last above written.

Terrence Ivey
Notary Public, State of Florida
Print Notary Name:
My Commission Expires:
Commission Number:

