

121 000068797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

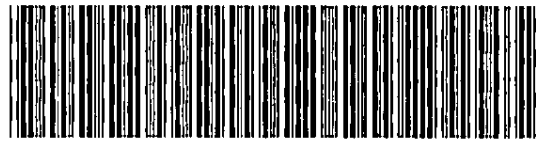
(Business Entity Name)

(Document Number)

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01/28/22--01013--000 \$25.00

22 JAN 29 PM 3:23

T. MATTHEWS

FEB 10 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

HEA Dreamlife LLC

**SUBJECT:** \_\_\_\_\_  
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:

Chris Policelli

\_\_\_\_\_  
Name of Person

HEA Dreamlife LLC

\_\_\_\_\_  
Firm/Company

10577 Lyttleton Loop

\_\_\_\_\_  
Address

Lillian, AL 36549

\_\_\_\_\_  
City/State and Zip Code

chrispolicelli@icloud.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Policelli

850 530-3061

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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**

22 JUN 2021 PM 3:23

HEA Dreamlife 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 February 9, 2021 and assigned  
Florida document number L21000068797.

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)

Enter new mailing address, if applicable:

(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: Thomas Dawson

New Registered Office Address: 230 SW Kings Bay Drive

*Enter Florida street address*

Crystal River, Florida 34429  
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.*

This document is signed by

Thomas Dawson  
**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>
MGR	Tika Dawson	2576 Sherwood Drive, Navarre, FL 32566	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tika Policelli	10577 Lyttleton Loop, Lillian, AL 36549	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.)**

[illegible]

**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 January 21, 2022

Disapproved by  
Chris Tobolsky  
 DEPUTY DIRECTOR

Signature of a member or authorized representative of a member

**Chris Policelli**

Typed or printed name of signee

**Filing Fee: \$25.00**

## Certificate Of Completion

Envelope Id: 02C672A8327542578CA5E33069F09285  
 Subject: Amendment to Articles(0122).pdf  
 Source Envelope:  
 Document Pages: 6  
 Certificate Pages: 5  
 AutoNav: Enabled  
 EnvelopeId Stamping: Enabled  
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:  
 Chris Policelli  
 PO Box 1144  
 Gulf Shores, AL 36547  
 chris@Alabamaparadise.com  
 IP Address: 173.16.108.20

## Record Tracking

Status: Original  
 1/21/2022 4:59:34 PM

Holder: Chris Policelli  
 chris@Alabamaparadise.com

Location: DocuSign

## Signer Events

Chris Policelli  
 chris@alabamaparadise.com  
 Security Level: Email, Account Authentication  
 (None)

## Signature

DocuSigned by  
 Chris Policelli  
 30A0A0C06A544DF

Signature Adoption: Pre-selected Style  
 Using IP Address: 173.16.108.20

## Timestamp

Sent: 1/21/2022 5:13:03 PM  
 Viewed: 1/21/2022 5:13:19 PM  
 Signed: 1/21/2022 5:13:32 PM

## Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Thomas Dawson  
 Twdawson230@gmail.com  
 Security Level: Email, Account Authentication  
 (None)

DocuSigned by  
 Thomas Dawson  
 06A53D180E874DC

Signature Adoption: Drawn on Device  
 Using IP Address: 35.137.20.244  
 Signed using mobile

Sent: 1/21/2022 5:13:03 PM  
 Resent: 1/23/2022 8:02:14 PM  
 Viewed: 1/23/2022 8:02:38 PM  
 Signed: 1/23/2022 8:03:12 PM

## Electronic Record and Signature Disclosure:

Accepted: 1/23/2022 8:02:38 PM  
 ID: 7cad4414-1cc4-4e10-ae3e-874efd1a8709

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

## Envelope Summary Events

## Status

## Timestamps

Envelope Sent

Hashed/Encrypted

1/21/2022 5:13:03 PM