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DATE: 5/28/21

NAME: INVEST SECRET DREAMS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

то:	Registration Sect Division of Corpo				
		T SECRET DREAMS LL	С		
SUBJE	.CT:	Name of Lim	nited Liability Compa	ny	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	lence concerning this matter	to the following:		
		SAUL BOTER	O GONZALEZ		
			Name of Pers	on	
		INVEST SECRE	ET DREAMS LLO	>	
			Firm/Compar	ıy	
		17001 SW 60 A	venue		
		MIAMI FL 331	Address		
			City/State and Zip	Code	
		Saul otero.24@	outlook.com	Saulbotero.2	24@outlook.com <i>586</i>
		E-mail address: (to be used for future	annual report not	ification)
For fur	ther information con	cerning this matter, please c	all:		
MA	RIA DE LA LUZ R	RODRIGUEZ	786-	512-5586	
	Name of P	Person	Area Coc	le Daytin	ne Telephone Number
Enclose	ed is a check for the	following amount:			
□ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional co	эру	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	rporations	Re Di Th 24	reet Address: egistration Se ivision of Co ne Centre of 15 N. Monro illahassee, FI	rporations Tallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed of MARCH 23, 202	
	21 and assigned
1.04004000004	
Florida document numberL21000136251	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	- : <u>- : </u>
	No. of the last of
	7
Enter new mailing address, if applicable:	S. P.
Mailing address MAY BE A POST OFFICE BOX)	- 12 P
3. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here: Name of New Registered Agent:	r the name of the new registo
Name of New Registered Agent.	
New Registered Office Address: Enter Florida street address	255
	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,
hereby accept the appointment as registered agent and agree to act in this capacity. I fi	

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>	Address	Type of Action
AMBR	SAUL BOTERO GONZÁLEZ	17001 SW 60 Ave Miami FI 33187	□Add
			□Remove
			\times Change
			□Add
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			□Change

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ran enecuve Note: If the	date, if other than the date of filing: MARCH 23, 2021 (optional) e 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
record spe d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	05/27/2021 11.01 AM (UTC -5)
Dated	
Dated	Saul Botero Gonzalez
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00