

L2/000192782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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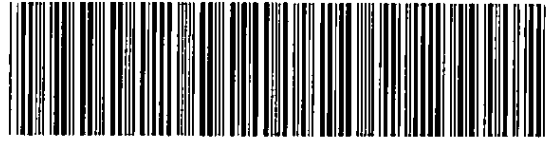
(Business Entity Name)

(Document Number)

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2024 JUL 24 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dreams Into Reality Florida 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:

Austin V. Truong
Name of Person

Dreams Into Reality Florida LLC
Firm/Company

4371 20th St. N
Address

Saint Petersburg, Florida, 33714
City/State and Zip Code

D.r.washandson@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander J. Metcalfe at (727) 248-1418
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
200 Capitol Mall
Tallahassee, FL 32310

2024 JUL 24 AM 11:43
RECEIVED
DIVISION OF STATE
TALLAHASSEE, FL

FILED

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

Dreams into Reality Florida 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 4/26/2021 and assigned Florida document number L21000192782.

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

2024 JUL 24 10:11 AM
FILED
TALLAHASSEE
SECRETARY OF STATE
Zip Code

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	Austin Truong	4371 20 th St. N	<input type="checkbox"/> Add
		Saint Petersburg, FL	<input type="checkbox"/> Remove
		33714	<input checked="" type="checkbox"/> Change
MGR	Alexander J. Metcalfe	135 20 th Ave SE	<input checked="" type="checkbox"/> Add
		Saint Petersburg, FL	<input type="checkbox"/> Remove
		33705	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

7/IV/24

A. J. Truitt
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Austin Truong
Typed or printed

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL
96

2024 JUN 24 AM 11:43

The diagrams illustrate four methods for connecting a cable to a terminal block:

1. A cable is inserted into a terminal block, and a screw is used to secure it.
2. A cable is inserted into a terminal block, and a screw is used to secure it.
3. A cable is inserted into a terminal block, and a screw is used to secure it.
4. A cable is inserted into a terminal block, and a screw is used to secure it.