

10/22/21, 4:18 PM

Division of Corporations

L210003945953 **(((H21000394595 3)))**

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : YOUR DREAM SERVICES CORP.
Account Number : 120200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 26 AM 10:48

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@yourdreamms.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ITZAE COMPANY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 27 2021

S. PRATHER

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

(((H21000394595 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

(((H21000394595 3)))

SUBJECT: ITZAECOMPANY 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:

Carmela Paz Mendoza

Name of Person

Carmela Paz Mendoza

Firm/Company

720 NW 18TH PL

Address

MIAMI, FL 33125

City/State and Zip Code

carmenpaz0783@gmail.com

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

For further information concerning this matter, please call:

Carmela Paz

786

231-9277

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

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

(((H21000394595 3)))

ITZAECOMPANY LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/31/2021 and signed

Florida document number 1.21000389658

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:

720 NW 18TH PL

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33125

Enter new mailing address, if applicable:

720 NW 18TH PL

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33125

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:

YOUR DREAM MULTISERVICES CORP

New Registered Office Address:

8300 NW 53RD ST STE 350

Enter Florida street address

MIAMI

City

Florida 33166

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.

Isamar Torres

If Changing Registered Agent, Signature of New Registered Agent

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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

((H21000394595 3)))

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Carmela Paz Mendoza</u>	<u>720 NW 18TH PL</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33125</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Eder Fernandez Medina</u>	<u>720 NW 18TH PL</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33125</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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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 october 22 , 2021

Carmela Paz Mendoza
Signature of a member or authorized representative of a member

Carmela Paz Mendoza
Typed or printed name of signee

FILED
2021 OCT 26 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00