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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ultra Dream Production, 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:

Jrrol Beaubrun
Name of Person

Firm/Company

1230 NE 146 St
Address

Miami, FL 33161
City/State and Zip Code

info.ultradreamproduction@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jrrol Beaubrun at (305) 469-6058
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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**

Ultra Dream Production 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 November 8, 2021 and assigned Florida document number L21000483341.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ultra Dream Production, LLC

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)

1230 NE 146 St

Miami, FL 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1230 NE 146 St

Miami, FL 33161

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:

Jprol Beaubrun

New Registered Office Address:

1230 NE 146 St

Enter Florida street address

Miami

City

Florida

33161

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>
<u>CEO</u>	<u>Beaubrun, Jiroi</u>	<u>1230 NE 146 St</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33161</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>COO</u>	<u>Jean Baptist, Eric</u>	<u>17210 NW 64th ave Apt. 303</u>	<input type="checkbox"/> Add
		<u>Hialeah, FL 33015</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>CFO</u>	<u>Joseph, Garibaldi</u>	<u>17105 N Bay RD</u>	<input type="checkbox"/> Add
		<u>Sunny Isles Beach, FL 33160</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>Pres</u>	<u>Fatal, Frantz J</u>	<u>512 NE 137th St</u>	<input type="checkbox"/> Add
		<u>North Miami, FL 33161</u>	<input checked="" 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

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

Please remove all other parties from the Company Name and documents. I will like to request that Jprol Beaubrun to be the Sole owner and manager of the Limited Liability Company named Ultra Dream Production, LLC.

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 01/28/22

Signature of a member or authorized representative of a member

Jprol Beaubrun

Typed or printed name of signee