

9/22/22, 4:19 PM

Division of Corporations

(((H22000329435 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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(((H22000329435 3)))



H220003294353ABC/

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To:

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

From:

Account Name : YOUR DREAM SERVICES CORP.
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

****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

2022 SEP 26 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORBELITE USA LLC

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

C. BRUMBLEY
SEP 27 2022

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Corporate Filing Menu

Help

(((H22000329435 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

(((H22000329435 3)))

SUBJECT: ORBELITE USA 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:

LUIS ALBERTO DIAZ EYZAGUIRRE

Name of Person

Luis Diaz Eyzaguirre
Print Name

20379 COUNTRY CLUB DRIVE

Address

APT 2138 AVENTURA, FL 33180

City/State and Zip Code

INFO@YOURDREAMMS.COM

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

For further information concerning this matter, please call:

LUIS DIA EYZAQUIRRE

786 6600108
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)

MailingAddress:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H22000329435 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H22000329435 3)))

ORBELITE USA 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 01/03/2022 and assigned
Florida document number L22000001385.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

9356 SW 77TH AVE

APT J1

MIAMI FL 33156

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9356 SW 77TH AVE

APT J1

MIAMI FL 33156

FILED
2022 SEP 26 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FL

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 NE 53RD ST SUITE 350

Enter Florida street address

MIAMI

Florida 33166

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.

Isamar Torres

If Changing Registered Agent, Signature of New Registered Agent

((H22000329435 3)))

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

(((H22000329435 3)))

Title	Name	Address	Type of Action
AMBR	CAROLINA CHAVEZ QUINDE	20379 COUNTRY CLUB DRIVE	<input type="checkbox"/> Add
		APT 2138 AVENTURA, FL 33180	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Filing Fee: \$25.00