4/12/22, 11:07 AM

Division of Corporations

(((H22000132439 3)))

Florida Department of State 865 Divine professional one State 865 Effectionic Filing Gover State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001324393)))



H220001324393ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

52

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______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EVERMORE SERVICES LLC

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

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H220001324393)))

To: -18506176383

COVER LETTER

2022-04-12 15:13:22 GMT

		`		(((H22000132	439 3)))
	stration Sec sion of Corp		•		21
		E SERVICES LLC			
SUBJECT: _			ted Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for tiling.		
Please return	all correspon	dence concerning this matter t	to the following:		
		DANIELA MARTINEZ		_	
			Name of Person		
			anisla Martins Firm Company	}	
		19277 NW 27TH AVE AP	T 2308		
		MIAMI GARDENS, FL 33	Address		
		DANIVMF@HOTMAIL.C	City/State and Zip Code OM to be used for future annual re	eport notification)	
For further in	formation co	oncerning this matter, please ca			
DANIELA N	MARTINEZ.		at ()	-1139	
	Name of	Person	Area Code	Daysime Telephone Number	
Enclosed is a	check for th	e following amount:			
≘ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy cadditional copy is enclosed.	Certifica (sed) Certified	te of Status &
	ilingAddress gistration S		<u>StreetAde</u> Registra	dress: tion Section	
		orporations	Division	of Corporations	
). Box 632			tre of Tallahassee	10
Tal	lahassee, F	1, 32314	2415 N.	Monroe Street, Suite 8	10

Tallahassee, FL 32303

Paga: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(((H22000132439 3)))

(nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Li. Florida document number 03/22/2022	ability Company	were filed on L22000117865 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liab	pility company here:
N/A		
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applies	able:	N/A
(Principal office address MUST BE A STREE		N/A
		N/A
Enter new mailing address, if applicable:		N/A
(Mailing address MAY BE A POST OFFICE)	ROX)	N/A
(maning man ess mes) big est 0.51 of 1.622.		N/A
B. If amending the registered agent and/or r agent and/or the new registered office addres Name of New Registered Agent:	egistered office : ss here: N/A	address on our records, enter the name of the new regist
New Registered Office Address:	N/A	APR
Mew Registered Office Address:	N/A	Enter Florida stree: address Florida N/A Zip Coste
New Registered Office Address.		the state of the s
New Registered Agent's Signature, if changing 1	Registered Agent:	i – on
New Registered Agent's Signature, if changing I I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as regi	d agent and agr er and complete stered agent as _i registered office	ree to act in this capacity. I further agree to comply with a performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

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

Page: 5 of 6

(((H220001324393)))

Title	Name	Address	Type of Action
MGR	DIEGO HERNANDEZ	19277 NW 27TH AVE APT 2308	= Add
		MIAMI GARDENS, FL 33056	□Remove
			Change
			🗆 Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			☐ Change
			□Remove
			☐ Change
			🗆 Add
			Remove
			□ Change
			□Add
	(((H22000132439 3)))		□Remove
	(((I)ZECKATE) SHOT 3JJ)		□Change

Page: 6 of 6

77712220001324393333

From: Your drea

					
	 .			<u> </u>	
		<u>-</u> -			
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	<u>.</u>				
			·	-	
		 -	- <u></u> ,		· · · · · ·
		<u>-</u> .	<u> </u>		
			·	<u></u>	
	. 		<u> </u>		
				<u> </u>	
	-			•	
			<u></u>		
					
Mective date, if other than the fan effective date is listed, the date mus Sote: If the date inserted in this blocument's effective date on the D	ock does not meet	the applicable s	of filing or more the tatutory filing requ	(optional) in 90 days after filing.) uirements, this date	Pursuant to 605.0207 will not be listed as
record specifies a delayed effective is filed	e date, but not an c	rifective time, a	12:01 a,m on the	e cartier of: (b) The	2 90th day after the
APRIL, 12		022			
	Dan Signature of a mem	isla Mar ber or autho:ized	tinsz representative of a r	nember	

(((H220001324393)))

Filing Fee: \$25.00