Division of Corporations



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Division of Corporations

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From:

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VISION DREAM INVESTMENT LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VISION DREAM INVESTMENT LLC | | |
|--|--|------------------------|
| (Name of the Limited Liability ((A Florida Lir | ompany as it now appears on our records.) nited Liability Company) | |
| The Articles of Organization for this Limited Liability Com- lorida document number 1.22000204951 | pany were filed on <u>04/29/2022</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the | nbbreviation "L.J.,C." |
| Enter new principal offices address, if applicable: | | · |
| Principal office address MUST BE A STREET ADDRES | <u>(S)</u> | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | |
| 3. If amending the registered agent and/or registered of gent and/or the new registered office address here: | fice address on our records, enter the na | me of the new regist |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Fiorida struet address | , |
| | , Florida | Zip Code |
| | 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.

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> | Type of Action |
|--------------|-----------------------|---------------------------------------|----------------|
| AMBR | ANDRES FELIPE ANDRADE | 133 SE 4th AVE | |
| | | HALLANDALE, FL 33009 | |
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BEATRIZ BRAUN

From: Yanet Avila

Typed or printed name of signee