L22000232796

(Requestor's Name)
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COVER LETTER

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elib ida		LLA DREAM HOME, LLC		•	
SUBJEC	· :	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Mirtha R. Rojas			
			Name of Person		_
			Firm/Company		_
		3450 SW 141 Avenue			20Z2 DEC SECREDA TALLA
			Address	····	
	Miramar, Florida 33027				
			City/State and Zip Code		 :
		sgtarojas@aol.com E-mail address: (to be used for future annual report no	otification)	
For further	r information c	oncerning this matter, please c	·	,	∴ ∞
Mirtha R	. Rojas		786 417-2638		
	Name o	f Person	Area Code Days	ime Telephone Numbe	er
Enclosed	is a check for th	ne following amount:			
₩ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
-	Tallahassee, l	FL 32314	2415 N. Mon	roe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dream

(.vaine or day Eline	(A Florida Limited Liability Comp	pany)	
The Articles of Organization for this Limited I Florida document number <u>L22000232796</u>	Liability Company were filed o	on 05-18-2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	<u>ny here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		2022 SE
(Principal office address MUST BE A STRE.	ET ADDRESS)		<u> </u>
			<u> </u>
			2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
			່
B. If amending the registered agent and/or agent and/or the new registered office addr	~	our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	Mirtha R. Rojas		
New Registered Office Address:	3450 SW 141 Avenue		
- ion registrate a maginature.	Ent	er Florida street address	
	Miramar	, Flori	ida 33027
	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.

It 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>	Address	Type of Action
MGR	Armando J. Rojas	3450 SW 141 Avenue	□ Add
		Miramar, Florida 33027	■ Remove
			□Change
			□Add
			□Remove
			Change
			Remove
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Filing Fee: \$25.00