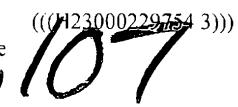
6/28/23, 2:26 PM

Division of Corporations



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.

(((H23000229754 3)))



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:

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

7**0**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLINSTALLATIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

JUN 29 2023

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000229754 3)))

(((H23000229754 3)))

COVER LETTER

	Registration Se Division of Cor			(((1123000229754.5
SUBJEC		LLATIONS LLC		
SUBJEC	. 1 :	Name of Lin	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		Carlos Guerrero		
			Name of Person	
			Carlos Guerrero	
			Firm Company	
		9741 NW 7TH CIRCLE A	PT 511	
Address				
		PLANTATION, FLORID	A 33324	
			City/State and Zip Code	
		CARLOSONERAPCL@G	MAIL.COM to be used for future annual report notificate	iont
For furth	er information c	concerning this matter, please c	·	,,
CARLO	S GUERRERO		305 8794115	
	Name o	f Person		lephone Number
Enclosed	is a check for the	ne following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MailingAddres Registration 5		<u>StreetAddress:</u> Registration Sectio	n
ļ	Division of C	orporations	Division of Corpor	ations
	P.O. Box 632	.7	The Centre of Talla	nhassee

(((H23000229754 3)))

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000229754 3)))

(Name of the Lim	ited Liability Compr (A Florida Limited	ny as it now appears on our res Liability Company)	ords.)		
The Articles of Organization for this Limited I Florida document number <u>L22000306107</u>		were filed on07/08/2022		andassig	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lish	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	.LC" or the abbrev	riation "L.L.	C."
Enter new principal offices address, if applicable:		9741 NW 7TH CIRCLE			
(Principal office address MUST BE A STREE		APT 511			
	<u> </u>	PLANTATION, FLORIDA	33324	·- <u>-</u>	
Enter new mailing address, if applicable:		9741 NW 7TH CIRCLE			
(Mailing address MAY BE A POST OFFICE	BOX)	APT 511			
		PLANTATION, FLORIDA	33324		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	M MULTISERVICES CORP	ter the name o	The new	registere
New Registered Office Address:	8300 NW 53RI	D ST SUITE 350	***	,0;	
		Enter Florida street ado	lress	الما	
	MIAMI	·	Florida 33166	· -	
		Ciţy		Zip Code [;
New Registered Agent's Signature, if changing				P.X	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	oer and complete istered agent as progistered office	performance of my duties, provided for in Chapter 66	and Lam fam 5, F.S. Or, if ti	iliar with his d óc um	and ent is
		. 1	.		
		ging Registered Agent, Signatu	orres		

To; sunbiz Page: 5 of 6

2023-06-28 18:30 41 GMT

17863641047

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

(((11230002297543)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ORIANA SANCHEZ	9741 NW 7TH CIRCLE	bbA€≣
		APT 511	□Remove
		PLANTATION, FLORIDA 33324	☐Change
			□Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
({(1123000229754 3)))		Remove
			□Change

(((H23000229754 3)))

		_
		_
		_
		_
	······································	_
		_
-		
		
		_
		
		_
		_
		_
		-
Effective date, if other than the	date of filing:	/05 0 3 07
I an effective date is fisted, the date mu Note: If the date inserted in this b	ock does not meet the applicable statutory filing requirements, this date will not be	hub.uzu () listed as (
document's effective date on the L	epartment of State's records.	
	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day a	ifter the
rd is filed		
IL'NE 28	2023	
Dated		
	0 1 0	
	Carlos Guerrero Signature of a member or authorized representative of a member	
	Stability of a member of antionation tenescounts of a member	
	Signature of a member of augmonized representative of a member	