623000057734

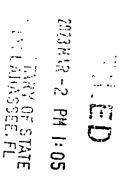
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100403672441

03/02/23--01011--064 ••25.00





COVER LETTER

TO:

Registration Section

Division of Co	rporations			
DREAMS	REALTOR LLC			
SUBJECT:				
	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	ECAMEL IIVA TOMOTO			
	ESMELIDA TORRES			
		Name of Person		
	DREAMS REALTOR LL	C.		
		P' - 40		
	3040 LOOPDALE LN	Firm/Company	200	
	ACTO DATA DATA DE		283 R 18	_
		Address	- 50	** ***
	KISSIMMEE, FL 34741		등 등록 N	. }
		City/State and Zip Code		5
	DREAMSREALTOR411@		STATE O:0	
	E-mail address:	(to be used for future annual report no	m ረሽ	
For further information of	oncerning this matter, please c	rall:		
ESMELIDA TORRES	, , , , , , , , , , , , , , , , , , , ,	773 882-3033		
Name o	of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for the	he following amount:			
X \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	Ŀ
			(additional copy is enclose	dı
•• ••				
Mailing Addres Registration S	<u>s:</u> Section	<u>Street Address:</u> Registration Se	unt fran	
Division of C		Division of Co		
P.O. Box 632		The Centre of	•	
Tallahassee, I	L 32314		e Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	mpany as it now appears on our re	cords.)
(A Florida Limi	mpany as it now appears on our re ted Liability Company)	3.00.031
The Articles of Organization for this Limited Liability Comp	any were filed on FEBRUARY	1, 2023 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
-EsmelidaTorresLL.C		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3040 Loopdale Ln, Kissim	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:	Same as Above	2-8-6
Mailing address MAY BE A POST OFFICE BOX)		SE P
		: SS = :
If amending the registered agent and/or registered offigent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new regi
Name of New Registered Agent: SAME		
New Registered Office Address:		
The registered office reduces.	Enter Florida street ad	dress
		Florida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the tifle, 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
			□Add
			□Remove
			□Change
			
			Remove Remove
			Change Change Change Add Add
			□Remove
			□Change
		-	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

						<u> </u>			-	
<u>_</u>						<u> </u>			_	
-					<u></u>		<u> </u>			
			_					_		
_										
_										
		_			_					
							_			
									2073	
		· -							I	
					 		_ .	<u> </u>	55	، ، <u>ب</u> ه، د
								SYF	ιņ)
						<u> </u>		<u> </u>	H	1375-23 8 4 8
			.	<u> </u>	-			miori • 155		
							•	AIE	05	
									-	
 .		-								
		, <u></u>				<u></u>				
										
					_		<u> </u>			
fective date, i	f other thai	n the date of	filing: _				(opti	onal)		
in effective date in offer. If the date	s listed, the dat	te must be speci	itic and can	not be prior t	o date of filing ble-statutory	g or more than ' filing requir	90 days after ements, thi	filing.) s date :	Pursuar vill not	nuto 605,02 The listed
ocument's effec	tive date on t	the Departmer	nt of State	's records.						oc noted
ecord specifies is filed.	a delayed eff	fective date, b	ut not an e	ffective tin	ie. at 12:01	a.m. on the e	arlier of: (b) The	90th d	lay after th
is mea.										
. Fal) (NO D								
nad LVV	, 20, 2	2023	<u>-</u>		-					
iteu <u>1 0 t</u>			٠ ر							
<u> </u>			•		7					
ated <u>Fel</u>		Signature	e of a memi	ber or author	ized represen	tative of a mer	nber			