## L2300029288/

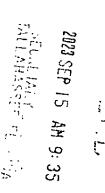
(Requestor's Name)
(Address)
(Address)
( ladicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coordinate)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



800413014768

08/01/23--01016--022 \*\*60.00







August 26, 2023

JOSE DANIEL DELPORTAL FERRIERO DREAM CHASING ENTERPRISES LLC 6807 HURSTON CT JUPITER, FL 33458

SUBJECT: DREAM CHASING ENTERPRISES LLC

Ref. Number: L23000292881

We have received your document for DREAM CHASING ENTERPRISES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 123A00019956

Valerie Herring Regulatory Specialist III Internet Support

www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: Dream Chasing Enterprises LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diana Abrey Name of Person
Direct Permits & More
16350 SW 112 Ave
Miami Fl 33157
Miami, Fl 33157  City/State and Zip Code  direct billing of a gmail-com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Diana Abreu at 786, 325-4407  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

\* Filing Fee has been previously sent \*

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dream Chasing En (Name of the Limited Liability (A Florida)	Terprises LLC y Company as it now appears on our reco- Limited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Co Florida document number $\angle 200092881$	ompany were filed on 6/19/2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS) nlu	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla	2023 SEP   5   AM   9:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ente	
	se D Del Portal f 7 Hurston CT Enter Florida street addr	
<u> </u>	piter	Florida 33458 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 title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mgr	Jose D Del Portal Ferrero	6807 Hurston CT Jupiter F1 33458	□Add
			Remove
			□Change
AMBIR	Jose D Del Portal Ferreiro	6807 Hurston CT Jupiter F1 33458	XAdd
			□ Remove
			□Change
		<del> </del>	□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
		□Change	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

If amending any			nla			-, <b>,</b>		
<del></del>					<del>_</del> ,		<u></u>	<del></del>
_								
-					<u></u>			<del></del>
		<del></del>						<del></del>
				<u> </u>				
<del></del>								
								<del></del>
<del></del>							Do.	— ~
<del></del>	<del></del> -					<del> </del>		2023 5
	<del> </del>						<i>#</i> ?	SEP
	<del></del>						ASSE ASSE ANTE	15
<del></del>							· · · · · · · · · · · · · · · · · · ·	AH 9:
							•	
	-						٠,	<u>မ</u>
<del></del>								_
-		<del></del>	<del>.</del>					<del></del>
Effective date, if If an effective date is	listed, the date must	be specific and	cannot be prior t	o date of filing o	r more than 90	(optional days after filin	g.) Pursuant to	605.0207
Note: If the date if document's effection				ble statutory f	iling requirem	ents, this dat	e will not be	listed as
e record specifies and is filed.	delayed effective	date, but not a	an effective tin	ne, at 12:01 a.	m. on the earl	ier of: (b) T	he 90th day	after the
Dated <u>S</u>	eptembe	<u>=r7</u> th.	2023	-0-				
			- 1	i	•	,		
		Signature of a m	tembor of author	rized represents	Live of a member	²r		_

Typed or printed name of signee