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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20192000068 : (407)326-8484 Fax Number : (407)604-6519

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

Email Address: contact@medeirossouza.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MM DREAMS LOCATIONS LLC

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To:

## **COVER LETTER**

	Registration Se Division of Cor				
cun ie	M <b>Ø</b> DREÆ	AMS LOCATIONS LLC			
SUBJEC	-li	Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Rubem Souza			
	Name of Person				
		Medeiros Souza corp			
			Firm/Company	<del></del>	
	1711 Amazing Way, Ste 213				
			Address		
		Ococc, FL 34761			
			City/State and Zip Code		
		contact@medeirossouza.co	m to be used for future annual report notifi	-	
For furth	er information c	oncerning this matter, please c	•	cattony	
Rubem S		•	407 326 - 8484		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration 5	Section	Street Address: Registration Sec		

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MM DREAMS LOCATIONS LL (Name of the Lim	_	pany as it now appears ( I Liab:lity Company)	on our records.)
The Articles of Organization for this Limited I Florida document number L23000350016	Liability Compan	y were filed on $\frac{07/2}{2}$	5/2023 and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here	:
he new name must be distinguishable and contain the	words "Limited Liab	pility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli		The second	grader time of the decire tallor time.
Principal office address MUST BE A STRE			
			2024 AUG
nter new mailing address, if applicable:			
<u> Iailing address MAY BE A POST OFFICE BOX)</u>			5
			=
. If amending the registered agent and/or		address on our rec	ords, enter the name of the new regis
uent and/or the new registered office addre	ess here:		30 30
Name of New Registered Agent:	MEDEIROS S	SOUZA CORP	, <u>,                                   </u>
New Registered Office Address:	1711 Amazing	g Way, Ste 213	
		Enter Florida	street address
	Ococc		Florida 34761

## 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.

To:

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2024-08-14 19 00:59 GMT

14076046519

From: RUBEM SOUZA

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

Title	<u>Name</u>	Address	Type of Action
AMBR	BRENGA ISSE, MARCELO		□ Add
			<b>≅</b> Remove
			□Change
AMBR	DE OLIVEIRA ISSE, MARINES		□Add
		-	\= Remove
		<u>-</u>	
AMBR	MOGLY CORP	1711 AMAZING WAY STE 213, OCOEE, FL 3476	1 ≣Add
		<del></del>	□Remove
		<del></del>	①Change
AR	MARCELO BRENGA ISSE	1711 AMAZING WAY STE 213, OCOEE, FL 3476	1 ≣Add
			□Remove
		<u></u>	□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Dated Orlando

Signature of a member or authorized representative of a member

Rubem Souza

Typed or printed name of signee