

L23000359860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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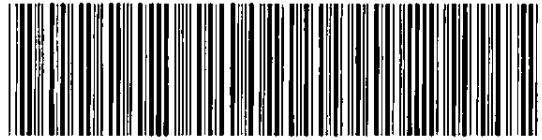
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DREAMERS SMARTER REALTY GROUP 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:

ESCOBAR, BELUSKA J

\_\_\_\_\_  
Name of Person

GOLDEN HOUSE INVESTING GROUP LLC

\_\_\_\_\_  
Firm/Company

9420 LAZY LN SUITE E9

\_\_\_\_\_  
Address

TAMPA FLORIDA 33614

\_\_\_\_\_  
City/State and Zip Code

dreamersibrgroup@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESCOBAR, BELUSKA J

813 418-9110  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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 Address:**

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

**Street Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DREAMERS SMARTER REALTY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/28/2024 and assigned  
Florida document number L23000359860.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

16703 EARLY RISER AVENUE, SUITE 213

LAND O LAKES, FL 34638

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

16703 EARLY RISER AVENUE, SUITE 213

LAND O LAKES, FL 34638

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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**

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUXOR ENGINEERING & REMO	12000 N DALE MABRY HIGHWAY SUITE 264	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GOLDEN HOUSE INVESTING G	9420 LAZY LANE SUITE E9 TAMPA, FL 33614	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CONQUALITY LLC	3643 CUERNAVACA COURT LARGO, FL 33771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ETEM INVESTMENT SOLUTION	8312 FOUNTAIN AVENUE TAMPA, FL 33615	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CREATIONS & PROPERTIES LL	8713 WATERWAY DRIVE TAMPA, FL 33635	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BLUEWAVE REAL OPPORTUNI	8713 WATERWAY DRIVE TAMPA, FL 33635	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RUIZINTELLINVEST LLC	6413 ELDORADO DR TAMPA, FL 33615	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JJ DESIGN AND REMODELING	4 NORTH FEDERAL HWY 325	<input checked="" type="checkbox"/> Add
		DANIA BEACH 33004	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GABANAINV CORP	2094 APALACHICOLA LN SANFORD, FL 32771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLA.

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TALLAHASSEE, FL

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 10 2024

Signature of a member or authorized representative of a member

ESCOBAR, BELUSKA J

Typed or printed name of signee

**Filing Fee: \$25.00**