Division of Corporations

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(((H23000424263 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

**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@activatemylicense.com



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DREAMWAY REMODELING LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: DREAM	WAY REMODELING L	LC	
3000 EC1		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JANINE SKIPPER	Name of Person	
	CONTRACTORS R	EPORTING SERVICE INC Firm/Company	<u> </u>
		,, 4 surpuis,	
	23110 SR 54, PMB	336 Address	
		Addiesa	
	LUTZ, FL 33549	(*) (*)	 .
	info@activatomylica	City/State and Zip Code	
	info@activatemylice E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
JANINE SKIPPER		813 932-524	4
	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the			_
■ \$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 Addres		Street Address:	
Registration 5		Registration Se Division of Cor	
Division of C P.O. Box 632		The Centre of T	•
Tallahassee, 1		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

12/27/2023 12:34 PM 53 3)))

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

DREAMWAY REMODELING LLC		
DREAMWAY REMODELING LLC (Name of the Limited L	ras it now appears on our records.) bility Company)	
(, , , , , , , , , , , , , , , , , , ,	and an analysis	
The Articles of Organization for this Limited Liability Company w	vere filed on 10/10/2023	and assigned
Florida document number L23000466030		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	bbreviation "L.1C."
Enter new principal offices address, if applicable:		2:
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		•
Enter new mailing address, if applicable:		
	H. M. H. L. Hadarikan Halah Hill	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Produces.	Enter Florida street address	
	Florido	
****	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605, F.S. Or	familiar with and r, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	RAFMAN BALLA	8502 CALADESI ISLAND DR	■Add
		TEMPLE TERRACE, FL 33637	□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			Remove
			□Change
	F*************************************		□ Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
E. Effec	tive date, if other than the date of filing:
docui	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco	ord 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 filed.
Dated	12/12/2023
	DocuSigned by:
	Signature of a member or authorized representative of a member
	ALBAN NUHIU

Typed or printed name of signee