

L23000482603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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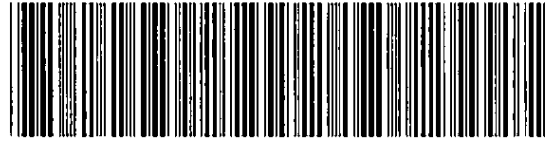
(Business Entity Name)

(Document Number)

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SECURITIES
FALLAHASSEE, FL 33410

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ☒ Dream Solar Solutions 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:

Erwin Evelyne JR

Name of Person

Dream Solar Solutions LLC

Firm/Company

15182 Durango Cir

Address

Brooksville, FL 34604

City/State and Zip Code

eevelyne87@gmail.com

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

For further information concerning this matter, please call:

Erwin Evelyne JR

352

398-8148

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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**

Dream Solar Solutions 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 10/20/2023 and assigned
Florida document number 123000482603.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF THE COURT
HALL COUNTY, FLORIDA

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

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	Erwin Evelyne	4210 Commercial Way #1079	<input type="checkbox"/> Add
		Spring Hill, FL 34606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Erwin Evelyne JR	4210 Commercial Way #1079	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ranjan Krish	4210 Commercial Way #1079	<input type="checkbox"/> Add
		Spring Hill, FL 34606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ranjan Krishnamurthy	4210 Commercial Way #1079	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 OCT 31 PM 3:37
SECRET
SECRETARY OF DEFENSE
TALLAHASSEE, FLORIDA

(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)

Dated October 27 2023

E. L. Lutz

Erwin Evelyn JR

Typed or printed name of signee