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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
Dream Big	LLC		
SUBJECT:	Name of Lim	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:	
	Jorge Armas Lopez		
		Name of Person	
	Dream Big LLC		
		Firm/Company	
	7680 Ramona St.		
		Address	<del></del>
	Miramar, Florida 33023		
	<del></del>	City/State and Zip Code	
	jal2mil11@gmail.com		
		to be used for future annual report not	ification)
For further information of	oncerning this matter, please of	ali:	
Jorge Armas Lopez		786 4742085	
Name of Person			e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dream Big LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed	
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	273
	202
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
***************************************	\$55. <b>26</b> 11
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new regist
gent and/or the new registered office address here:	ATE OF
	0f9
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
E	mer r tortau street aduress
	, 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.

16.01	D. Samuel America	C:	Danistanud Ameri
it Changing	Kegistered Agent	, Signature of Me	w 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	Xiony Lima	14900 SW 31 CT, DAVIE, FL 33331	□Add
			Remove
			□Change
MGR	Jocelyne Armas	7680 Ramona St, Miramar Florida 33023	<b>=</b> Add
			□ Remove
			Change
			□Add
			Петоче
			Change
			□Add
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			□ Change

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F Fffer	tive data if other than the	date of filing:			(ontional)	
Note:	tive date, if other than the ffective date is listed, the date must. If the date inserted in this bloment's effective date on the Do	ock does not mee	et the applicable	te of filing or more the statutory filing req	an 90 days after filing.) Pu uirements, this date wil	rsuant to 605.0207 ( I not be listed as t
If the reco	ord specifies a delayed effective filed.	e date, but not ar	effective time,	at 12:01 a.m. on the	e earlier of: (b) The 90	Ith day after the
Dated	February 24	· ·	2025			
			_			