

M 2000000 92 99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

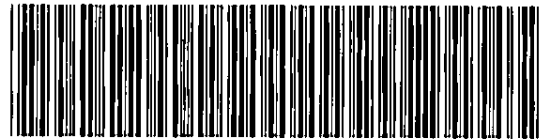
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800354722918

11/05/20--01001--002 **25.00

RECEIVED
2020 NOV -4 PM 3:32
FILED
2020 NOV -4 AM 9:11
SECRETARY OF STATE
TALLahassee, FL 32309

Y SUIKER
NOV 05 2020



Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 11/4/2020

Trans#: 1158416

Entity Name: DREAM DEAL VENTURES, LLC – M20000009299

Articles Incorporation ()

Articles of Amendment (XX)

Articles of Dissolution ()

Annual Report ()

Conversion ()

Fictitious Name ()

Foreign Qualification ()

Limited Liability ()

Limited Partnership ()

Merger ()

Reinstatement ()

Withdrawal / Cancellation ()

Other ()

STATE FEES PREPAID WITH CHECK#VV291 FOR \$25.00

PLEASE RETURN:

Certified Copy ()

Plain Photocopy (XX)

Good Standing ()

Certificate of Fact ()

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dream Deal Ventures LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sergio Pejoves

Name of Person

Dream Deal Ventures LLC

Firm/Company

205 Worth Avenue Suite 321

Address

Palm Beach FL 33480

City/State and Zip Code

seamus@worthaverei.com

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

For further information concerning this matter, please call:

Name of Person

at () Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Dream Deal Ventures LLC

Enter new principal office address, if applicable: 205 Worth Avenue Suite 321

(Principal office address

MUST BE A STREET ADDRESS)

Palm Beach FL

33480

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

205 Worth Avenue Suite 321

Palm Beach FL

33480

2. The Florida document number of this limited liability company is: M20000009299

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/15/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

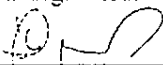
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Capitol Services INC	1675 S State ST. Ste B	<input type="checkbox"/> Add
		Dover DE 19901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Sergio Pejoves

 Typed or printed name of signee

Filing Fee: \$25.00