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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Building Dreams To	ogether Inc.		
DOCUMENT NUMBER:	N12000009586			
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	ter to the following:		
Sergio Solares				
		(Name of Contact P	erson)	
Building Dreams Together	lnc.			
		(Firm/ Compan	y)	
900 Silkwood Ct				
		(Address)		
Longwood, FL 32750				
		(City/ State and Zip	Code)	
preschoolforthearts@gmail	.com			
]	E-mail address: (to be use	d for future annual re	port notificatio	n)
For further information con	cerning this matter, please	e call:		
Sergio Solares		31	4 07	865 4888
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A		St	reet Address	:

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

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

Articles of Amendment to Articles of Incorporation of

Building Dreams Together Inc.					
Name of Corporation as currently filed with th	e Florida De	ept. of State)			
N12000009586					
(Docum	ment Numbe	r of Corporation	(if known)		,-
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes	s, this <i>Florida N</i> o	ot For Profit Corporat	tion adopts the	following
A. If amending name, enter the new name of the	<u>ie corporatic</u>	<u>:n:</u>			
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		on" or "incorpo	rated" or the abbrevia	ution "Corp." e	_The new or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)					
			-	······································	787
	-				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>' BOX</u>)				۔ <u>۔ :</u>
					1 10: 1
	-			··	- <u>'</u>
					-
D. If amending the registered agent and/or reg			rida, enter the name	of the	_
new registered agent and/or the new registe					
Name of New Registered Agent:	Fabrizio Fi	orucci			
	4010 N Lo	is Ave			
Non-Distinguist (1970 of differen			(Florida street address)		
New Registered Office Address				22611	
	Tampa	(C):- \		lorida <u>33614</u>	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ageing			cept the obligations of	(the position.	
					
	Nio.	nature of New R	eoistered Agent if cha	noinu	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De Y Mike Jo SV Sally Sa	ones	
Type of Action (Check One)	Title	Name	Address
l) Change × Add	VP	Fabrizio Fiorucci	4010 N Lois Ave Tampa, FL 33614
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	<u>a additional Arti</u> Is, If necessary).	cles, enter change(s) here: (Be specific)	
	<u> </u>		

	4. -
The date of each amendment(s) adoption: July 24th, 2020 date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file days)	nte)
Note: If the date inserted in this block does not meet the applicable statutory filing requi	rements, this date will not be listed as the

document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no mer adopted by the be	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
Dated	July 24th, 2020
Signatur	(By the chairman of vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)
	, - F <i>B</i>

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