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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DREAME	RSINC.OR	G INC			
DOCUMENT NUMBER: N1300006659					
The enclosed Articles of Amendment and fee are subr	nitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
LUZ M MONTES					
	(Name of Contact Person	1)			
DREAMERSING.ORG IN	VC				
	(Firm/ Company)				
1301 NW 12TH AVE SU	ITE 316-A				
	(Address)				
BOCA RATON, FLORID	A 33486				
	(City/ State and Zip Cod	c)			
Imontescpa@gma					
E-mail address: (to be used		notification)			
For further information concerning this matter, please					
LUZ M MONTES	_{at (} 561	271-4862			
(Name of Contact Person)		ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle			

Tallahassce, FL 32301

Articles of Amendment to Articles of Incorporation

\mathcal{T}	-0-	of	·	
(Name of Corporation as current)	v filed with the Flo	rida Dent, of Stat	<u>Inc</u>	· · ·
(Maine of Gosporation as current)	y med with the 130	rida Dept. or stat	<u>c</u>)	
(Doce	iment Number of Co	orporation (if know	m)	
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporate		s, this <i>Florida No</i>	t For Profit Corporat	ion adopts the following
A. If amending name, enter the new na	me of the corporati	on:		
DREAMERS PROJECT,	INC.			The new
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporat the name.	ion" or "incorpor	rated" or the abbrevia	
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C				
(Mailing address MAT BE A POST C	PPICE BOX			
			-	
			-	
D. If amending the registered agent and	l/or registered offic	e address in Flori	ida, enter the name o	of the
new registered agent and/or the new	registered office a	ddress:		
Name of New Registered Agent:				
New Registered Office Address:	•	Florida street address)	
			, Florida	
	(City)		, r longa	(Zip Code)
New Registered Agent's Signature, if ch	anging Registered	Agent:		
hereby accept the appointment as registe			ept the ohligations of	the position.
	Signature of New I	Registered Agent, (if changing	

Page 1 of 4

SOID AUG -6 PH 2: 13

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 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jos Sally Sm	<u>nes</u>		
Type of Action (Check Onc)	<u>Title</u>		Name		Address
l) Change		_		_	
Add				-	
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 adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	

	e date of each amendment e this document was signed		, if other than the
	ffective date if applicable: 07/20/2013		
Encetive date il applicable.		(no more than 90 days after amendment file date)	
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 0	7/29/2013	
	have t	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	LUZ M	MONTES	
		(Typed or printed name of person signing)	
	PRESI	DENT	
		(Title of person signing)	