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3 NOV 14 PH 2: 49 ECRETARY OF STATE VLLAHASSEE, FLORINA

NOV 19 2013

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:DREAMERS	MOMS ORL	ANDO, INC.		
DOCUMENT NUMBER:		·		
DOCUMENT NUMBER: 111300000813				
The enclosed Articles of Amendment and fee are submit	ted for filing.			
Please return all correspondence concerning this matter t	o the following:			
ANDREA GABRIELA	GENOVA Name of Contact Person	n)		
DREAMERS' MOMS ORLAND	O, TNC. (Firm/ Company)			
5775 CHIPOLA CIRCLE	(Address)			
	(Address)			
ORLANDO, FLORIDA 32839				
(0	City/ State and Zip Code	e)		
dreamersmonsorlandofl@gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ANDREA GABRIELA GENOVA (Name of Contact Person)	at ( <u>407</u>	) 844-9667 ode & Daytime Telephone Number)		
(Tunio of Contact Poson)	(7.1.04.00	ac & Buyume Forephone Frances,		
Enclosed is a check for the following amount made paya	ble to the Florida Depa	rtment of State:		
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address  Amendment Section  Division of Corporations	Amend	Address ment Section n of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton	Building xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 13 NOV 14 PH 2: 48

SECRETARY OF STATE

DREAMERS MOMS DKI			TAI	<del>-LAHASSEE</del> , FLORI
(Name of Corporation as currently file	ed with the Flo	rida Dept. of State)		- and the first
0000061.h	8451			
(Documer	nt Number of Co	rporation (if known)	-	
Pursuant to the provisions of section 617.1006 mendment(s) to its Articles of Incorporation:	, Florida Statute	s, this <i>Florida Not For</i>	Profit Corporati	on adopts the following
a. If amending name, enter the new name of	of the corporati	on:		
А/А				The new
name must be distinguishable and contain the	word "corporat	ion" or "incorporated"	or the abbrevia	tion "Corp." or "Inc."
Company" or "Co." may not be used in the	<u>name</u> .			•
3. Enter new principal office address, if ap		N/A	<u> </u>	
Principal office address <u>MUST BE A STREI</u>	<u>ET ADDRESS</u> )			
			<del></del>	<del></del>
				<del></del>
Enter new mailing address, if applicable				
(Mailing address <u>MAY BE A POST OFF</u>	ICE BOX)	_N/A		<del> </del>
			<u> </u>	
. If amending the registered agent and/or	registered offic	e address in Florida, e	enter the name o	<u>f the</u>
new registered agent and/or the new reg	<u>isterea office a</u>	<u>aaress:</u>		
Name of New Registered Agent:	A/A			
No. Postatoral Office Aldress		(Florida street address)		
New Registered Office Address:				
_	AIM		, Florida	
	(City)			(Zip Code)
ew Registered Agent's Signature, if chang	ing Registered	Agent:		
hereby accept the appointment as registered	agent. I am fai	niliar with and accept t	he obligations of	the position.
		•		
Si	gnature of New	Registered Agent, if cha	inging	

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	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		A/A	
Add			
Remove			
2) Change		AIA	
Add			
Remove			
3) Change		A\A	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change	´ <del></del>	N/A	·
Add			<del></del>
Remove			

The date of each amendment(s) adoption: [1-11-2015] date this document was signed.	, if other than the
Effective date if applicable: 11-11-2013  (no more than 90 days after amendment file date)	<del></del>
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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated	
(By the chairman or 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)	
ANDREA GABRIELA GENOVA (Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	