## N22000000322

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

DREAM BEYONE NAME OF CORPORATION:	O YOUR JOURNEY, INC	·.	
N2200000032			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are suf-	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
SONYA CRUDUP			
	(Name of Contact Person	on)	
DREAM BEYOND YOUR JOURNEY, INC.			
	(Firm/ Company)		·
6100 HAYES STREET			
	(Address)		
HOLLYWOOD, FLORIDA 33024			
	(City/ State and Zip Co	de)	
DREAMBEYONDYOURJOURNEY@GMAIL.CO	OM .		
E-mail address: (to be use	ed for future annual repor	t notificatio	n)
For further information concerning this matter, pleas	se call:		
SONYA CRUDUP	9 at	54	682-8018
(Name of Contact Perso		\rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made [	payable to the Florida De	partment of	State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		t Address idment Sect	ion

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

DREAM BETOND TOOK JOOKNET, INC.		
(Name of Corporation as currently filed with the Florid	da Dept. of State)	
N22000000322		
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation	on adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviati	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u></u>	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		the
N/A	te address.	
Name of New Registered Agent: 1973		
	19 th the 11 h	
New Registered Office Address:	(Florida street address)	
N/A	Flo	rida
		Lip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		he position.
,,		•
	Signature of New Registered Agent, if chan	ging

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.

V Mike Jo	<u>nes</u>	
<u>Title</u>	Name	Address
<u>T</u>	GARRON MCGEE	4115 NW 96 TERRACE SUNRISE, FL 33351
<u>TD</u>	ANTHONY H. JACKSON	12060 CYPRESS KEY WAY ROYAL PALM BCH, FL 33411
<u>s</u>	BETH ABRAMS	259 NW 195TH TERRACE MIAMI, FL 33351
SD	CAROL A. HESSLER	7899 NW 18TH COURT MARGATE, FL 33063
<u>D</u>	LAMONICA BURTON	6100 HAYES STREET HOLLYWOOD, FL 33024
D	JERALDEEN MARSH	6100 HAYES STREET HOLLYWOOD, FL 33024
	V Mike Jo SV Sally Sr Title  T  TD  S  SD  D  p additional Arti	Y Mike Jones   SV Sally Smith   Title Name    T  GARRON MCGEE  TD  ANTHONY H. JACKSON  S  BETH ABRAMS  SD  CAROL A. HESSLER  D  LAMONICA BURTON

		<del> </del>
	<del></del>	
	OVERABLE to 2022	
The date of each at date this document w	mendment(s) adoption: OCTOBER 10, 2022 was signed.	, if other than the
Effective date if ap		
	(no more than 90 days after amendment file date)	
	serted in this block does not meet the applicable statutory filing requireme to date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amen	dment(s) (CHECK ONE)	
The amendmer was/were suffice	nt(s) was/were adopted by the members and the number of votes cast for the	e amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.						
Signature  (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)  SONYA CRUDUP						
(Typed or printed name of person signing)						
PRESIDENT/DIRECTOR						
(Title of person signing)						