## P04 000038674

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Addiess)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Susmess Entity Harrie)                 |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



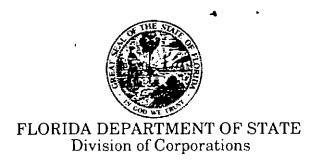
100368009841

08/11/21--01618--603 \*\*55.33



PUG - 2021





July 13, 2021

L C DREAM INVESTMENTS, INC. 8201 NW 47TH ST LAUDERHILL, FL 33351

SUBJECT: L C DREAM INVESTMENTS, INC.

Ref. Number: P04000038674

We have received your document for L C DREAM INVESTMENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received by our office. We received page 2 and last page only.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00016044

Yasemin Y Sulker Regulatory Specialist III

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LC DREAM INVESTMENTS INC

DOCUMENT NUMBER: P0400038674 DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person LC DREAM INVESTMENT IN Firm/ Company

\$201 NW 47 Th ST

Address LAUDIRMU TO 3335/ E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: - ENWORTH CHISHOLM at (954) 295 - 8453
Area Code & Daytime Telephone Number CHECK WAS ALREADY SENT Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

of

| LC DREAM   | INVESTITENTS INC   |                                       |  |
|--|--|---------------------------------------|--|
| (Name of Corporation as currently  | filed with the Florida Dep                               | t. of State)                          |  |
| P 040000 3   | \$8674   |                                       |  |
| (Document Number of  | Corporation (if known)                                   | · · · · · · · · · · · · · · · · · · · |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | Storida Profit Corporation a                             | dopts the following amendme           | ent(s) to  |
| A. If amending name, enter the new name of the corporation:  | J / A  | The new                               | ų  |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated"<br>professional corporation n | or the abbreviation "Corp.,"          | •  |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | ~ /A   |                                       |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N/A  | ZOZI AUG 19 PH                        | THE STATE OF THE S |
| D. If amending the registered agent and/or registered office addr-<br>new registered agent and/or the new registered office address:   |  | <u> </u>                              | j  |
| Name of New Registered Agent f   | J/A  |                                       |  |
| (Florida stre  | et address)  | <del></del>                           |  |
| New Registered Office Address:   |  | . Florida                             |  |
|  | (City)   | (Zip Code)                            |  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent.—I am familiar w  | ith and accept the obligation                            | ns of the position.                   |  |
| Signature of New Re  | gistered Agent, if changing                              |                                       |  |
| Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (  | e), F.S.   |                                       |  |

| •  |                                       | •                                     |                                       |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
|  |                                       |                                       |                                       |
| mending or adding additional Arti<br>ach additional sheets, if necessary). | icles, enter change(<br>(Be specific) | s) here:                              |                                       |
| acii addinondi sheets, y hecessary).                                       | (be specific)                         |                                       |                                       |
|  |                                       | NA                                    |                                       |
|  |                                       |                                       | <u> </u>                              |
| <u> </u>   |                                       |                                       |                                       |
| <u>,                                     </u>                              |                                       |                                       |                                       |
|  |                                       |                                       |                                       |
|  |                                       |                                       |                                       |
|  |                                       |                                       |                                       |
|  |                                       | <del></del>                           |                                       |
|  |                                       |                                       |                                       |
|  |                                       |                                       |                                       |
|  |                                       |                                       |                                       |
|  |                                       |                                       |                                       |
|  |                                       |                                       |                                       |
|  |                                       |                                       |                                       |
|  |                                       | -                                     |                                       |
|  |                                       |                                       | <del>-</del>                          |
|  |                                       |                                       |                                       |
|  |                                       |                                       |                                       |
|  | -                                     | <del></del>                           |                                       |
|  |                                       | · · · · · · · · · · · · · · · · · · · |                                       |
|  |                                       |                                       |                                       |
| n amendment provides for an exch   | tange, reclassificat                  | ion, or cancellation of issue         | d shares,                             |
| ovisions for implementing the ame  | ndment if not cont                    | ained in the amendment its            | self:                                 |
| (if not applicable, indicate N/A)  |                                       |                                       |                                       |
| <del></del>  |                                       | <u> </u>                              |                                       |
|  |                                       | ·                                     |                                       |
|  |                                       |                                       |                                       |
| <del></del>  |                                       |                                       | <del></del>                           |
|  |                                       |                                       |                                       |
| · <u> </u>   |                                       |                                       |                                       |
|  |                                       |                                       |                                       |
|  |                                       |                                       | · · · · · · · · · · · · · · · · · · · |
|  |                                       |                                       |                                       |

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          | <u>PT</u> <u>John Doe</u>  |                    |
|----------------------------|----------------------------|--------------------|
| X Remove                   | V Mike Jones               |                    |
|                            |                            |                    |
| X Add                      | SV Sally Smith             |                    |
| Type of Action (Check One) | <u>Title</u> Name          | <u>Addres</u> s    |
| 1) Change                  | D (LEN) LENWORTH CHISHOLIN | 8201 NW 47 PST     |
| Add                        |                            | LANDERHIE A. 3335  |
| _X_ Remove                 |                            |                    |
| 2) Change                  | P (LEN) LENWORM GUSHOLM    | 820, NW 47MST      |
| X_ Add                     | /                          | LANDERNIC A. 33351 |
| Remove 3) Change           |                            |                    |
| Add                        |                            |                    |
| Remove                     |                            |                    |
| 4) Change                  |                            |                    |
| Add                        |                            |                    |
| Remove                     |                            |                    |
| 5) Change                  |                            |                    |
| Add                        |                            |                    |
| Remove                     |                            |                    |
| 6) Change                  |                            |                    |
| Add                        |                            |                    |
| Remove                     |                            |                    |

| The date of each amendment(s) ac   | loption:   | , if other than the                 |
|--|--|-------------------------------------|
| date this document was signed.   |  |                                     |
| Effective date if applicable:  |  |                                     |
|  | (no more than 90 days after amendment file date)   |                                     |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, partment of State's records.  | this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                                     |
| The amendment(s) was/were add action was not required.                   | pted by the incorporators, or board of directors without sharehol  | der action and shareholder          |
| ☐ The amendment(s) was/were add by the shareholders was/were su          | pted by the shareholders. The number of votes cast for the amer fficient for approval.   | ndment(s)                           |
|  | roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment  |                                     |
| "The number of votes east  | for the amendment(s) was/were sufficient for approval  |                                     |
| by   | .,,  |                                     |
|  | (voting group)   |                                     |
| Dated  | 3/1/21   |                                     |
| Signature  | Trial  |                                     |
| selected   | rector, president or other officer – if directors or officers have not, by an incorporator – if in the hands of a receiver, trustee, or ot ed fiduciary by that fiduciary) |                                     |
|  | LENWORTH CHISHOLM  |                                     |
|  | (Typed or printed name of person signing)  |                                     |
|  | DIRECTOR   |                                     |
|  | (Title of nerson signing)  |                                     |