P05000063243

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(Cit	ty/State/Zip/Phone	e #)
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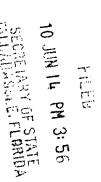
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Amus







June 4, 2010

LINDA RUWE GLOBAL DREAM TEAM INC. 831 COLISEUM AVE LIVE OAK, FL 32064

SUBJECT: GLOBAL DREAM TEAM INC.

Ref. Number: P05000063243

We have received your document for GLOBAL DREAM TEAM 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 date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 910A00013972

COVER LETTER

	V DIC ELIZABET	
TO: Amendment Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·	44 5' 2. 43. 188
NAME OF CORPORATION: Globa	1 Dream To	eam Jax,
DOCUMENT NUMBER: POSOO	6063243	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
L I Nam	Huwe e of Contact Person	
Global	Dream lea	m Iv.
<u>831</u> C	Address A	Je_
City/ Puwe a E-mail address: (to be used for	State and Zip Code or future annual report notification)	320c4 m.net.
For further information concerning this matter, ple	ease call:at (<u>366</u>) <u>362</u> Area Code & Daytime Telep	3985 hone Number
Enclosed is a check for the following amount mad	le payable to the Florida Departm	ent of State:
\$35 Filing Fee \$Certificate of Status	\$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 P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

FILEL

Of 10 JUN 14 PM 3: 56 (Name of Corporation as currently filed with the Florida Dept. of State) ALL AND SEE. FLORIDA (Document Number of Corporation (if known)
P. 05666663243
P. 05666663243
(Doublest Control of C
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation;
NA.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent: JOSEON T. RUWE.
Same 831 Colisean Hue
New Registered Office Address: (Florida street address)
Live Oak, Florida +C.
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
X O. mar I. D.
Signature of New Registered Agent, if changing

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)

Title PT	Name Linda Ruwe	Address 83/Collseum Au Luise, Oak FL	Type of Action Add Remove
P	Joseph T Ruwe	931 Colseum Aug Live Oak Fil	Add Remove
			Add Remove
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
F. Ifon o	mendment provides for an exchange, re	classification or cancellation of iss	med shares.
provisi	ons for implementing the amendment is not applicable, indicate N/A)	f not contained in the amendment	itself:

The date of each amendment(s)	adoption: 6-9-2010
Effective date <u>if applicable</u> :	(date of adoption is required) (0-9-2010
(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
• •	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	voting group)
(i	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	6-9-2010
select	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Toseph True (Typed or printed name of person signing)
	(Title of person signing)