## P07000055884

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SEP 22 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DREAM OF FIEL	DS GROUP, INC.			
DOCUMENT NUMB					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MICHAEL J. FIELDS				
-	Name of Contact Person				
	DREAM OF FIELDS GROUP, INC.				
-		Firm/ Company			
	10636 SW 79 TERRACE				
-	Address				
	MIAMI , FLORIDA 33173				
<del>-</del>		City/ State and Zip Cod	2		
dream	.of.fields.group@gmail.com				
<del></del>		sed for future annual report	notification)		
P 6		an wall.			
ror turner information	concerning this matter, pleas	se can.			
MICHAEL J. FIELDS		at (	256-1206		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 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 Talkaharan, El. 32314		Amend Divisio Clifton	Address iment Section on of Corporations Building yeartive Center Circle		

Tallahassee, FL 32301

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## Articles of Amendment to Articles of Incorporation of



DREAM OF FIELDS GROUP, INC.

(Name of Corporation as curren	ttly filed with the Florida Dept. of State)
P07000055884	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	10636 SW 79 TERRACE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33173
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Studing duaress MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	treei address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:
I hereby accept the appointment as registered agent. I am familia	
Signature of Nove	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)

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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		<del></del>		
Add				
Remove				
2) Change				
Add			<del></del>	
Remove				
3 ) Change		_		
Add				
Remove				
4)Change				
Add		_		
Remove				
5) Change		<del></del>		
Add				-
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
·	
f an amendment provides for an exch provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del>_</del>	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through v must be separately provided for each voting group entitled to vote so	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors witho action was not required.	ut shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shaction was not required.	archolder action and shareholder
9/20/17 Dated	
Signature Muchael J Fulds	
(By a director, president or other officer - i selected, by an incorporator - if in the hand appointed fiduciary by that fiduciary)	
MICHAEL J. FIELDS	
(Typed or printed name	of person signing)
PRESIDENT	
(Title of pers	son signing)