P11000076792

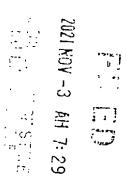
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A. BUTLER NOV 04 2021

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Alvarez Consultants Inc. P11000076792 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Fernando Alvarez Name of Contact Person Alvarez Consultants Inc. Firm/ Company 7324 Jacaranda Lane Address Miami Lakes, FL, 33014 City/ State and Zip Code dreamlandcompanyfl@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Fernando Alvarez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$43.75 Filing Fee & ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is

enclosed)

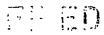
Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

(Additional Copy is enclosed)

Articles of Amendment Articles of Incorporation of



Alvarez Consultants Inc.			
(Name of C	Corporation as currently	filed with the Florida Dept. of State	V -3 AH 7:29
P11000076792			r just de france
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06. Florida Statutes, this i	Florida Profit Corporation adopts the foll	lowing amendment(s) to
A. If amending name, enter the new name	e of the corporation:		
Dreamland USA, Inc.			The new
name must be distinguishable and contain the "Inc.," or Ca.," or the designation "Corp" chartered," "professional association," or	σ_i " "Inc." or "Co". A		
B. Enter new principal office address, if a (Principal office address MUST BE A STR)			
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) D. If amending the registered agent and/o	FICE BOX)	ess in Florida, enter the name of the	
new registered agent and/or the new re			
Name of New Registered Agent			
			
	(Florida stre	ret address)	
New Registered Office Address:		, Florida	
	•	City	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		ith and accept the obligations of the posit	ion.
	Signature of New Re	gistered Agent, if changing	

Check if applicable

12. The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT John	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding</u> (Xttach <i>additional sheet</i>	<u>, naapangun 2000</u> x it necessary	(Be specific)	<u> </u>			
•	•					
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If an amendment prov	ides for an exch	ange, reclassitic	ation, or cancel	lation of issued	<u>shares,</u> c	
provisions for impler cif nor applicable.	nenting the amer	<u>ndment it not co</u>	ntained in the a	menament itsei	<u>l:</u>	
сң ионарунсате,	marcue (5/4)					
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					± 11.11	
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Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	an the
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action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
Dated 10/06/2024 Signature	
(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 (iduciary)	
(Typed or printed name of person signing)	
The waken to	
(Title of person signing)	



October 22, 2021

FERNANDO ALVAREZ ALVAREZ CONSULTANTS INC. 7324 JACARANDA LANE MIAMI LAKES, FL 33014 US

SUBJECT: SIMIAN CARE SERVICES CORP

Ref. Number: P11000016792

We have received your document for SIMIAN CARE SERVICES CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000024355.

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: 721A00025721

Anissa Butler Regulatory Specialist II