## P1000079197

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION:	Dreamz Inc		
DOCUMENT NUMBER:		P11000079197	,	
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.		
Please return all c	orrespondence concerning th	is matter to the following:		
		Lisa Farley		
	1	Name of Contact Person		
		Dreamz Inc		
		Firm/ Company		
1328 N Woodland Blvd				
		Address		
	Deland, Florida 32720			
	C	ity/ State and Zip Code		
	kellee E-mail address: (to be use	450@gmail.com d for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
	Ebone Myrie	at ( 386 ) 7	17-4199	
Name of Contact Person		Area Code & Daytime Te	elephone Number	
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation

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of	1 1 1
eamz Inc	001 001 17 PM 4: 17
ntly filed with the Floric	la Dept. of State
000097197	SECRETARY OF STATE  SECRETARY OF STATE  TALLAHASSEE, FLORIDA
iber of Corporation (if kno	own)
5, Florida Statutes, this <b>F</b>	Florida Profit Corporation adopts the follo
the corporation:	
	The new
fessional association," or licable: TADDRESS)	the abbreviation "P.A."
: CE BOX)	
egistered office address i	in Florida, enter the name of the
stered office address:	in Florida, enter the name of the
(Florida street	address)
	, Florida
(City)	(Zip Code)
(0.1)	
ng Registered Agent:	and accept the obligations of the position.
ng Registered Agent:	and accept the obligations of the position.
	ber of Corporation (if known of the corporation:  the word "corporation," designation "Corp," "In fessional association," or licable:  TADDRESS)  CE BOX)  egistered office address tered office address:

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Preside	Ebone Mckinney-Myrie	1328 N Woodland Blvd Deland Florida 32720	
(a <i>ttach addii</i> Dba - Dream	g or adding additional Articles, ent tional sheets, if necessary). (Be spe nz Ultra Lounge	er change(s) here:	
no vice pres	ident		
provisions	ndment provides for an exchange, refor implementing the amendment applicable, indicate N/A)	eclassification, or cancellation of if not contained in the amendme	f issued shares, ent itself:
<del></del>			

(s) adoption: 9/23/2011
(date of adoption is required)
(no more than 90 days after amendment file date)
(CHECK ONE)
re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
east for the amendment(s) was/were sufficient for approval
,,
(voting group)
re adopted by the board of directors without shareholder action and shareholder
re adopted by the incorporators without shareholder action and shareholder
3/2011
Ebone McKenney - hume a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
Ebone Mckinney-Myrie
(Typed or printed name of person signing)
President
(Title of person signing)