P1300080447

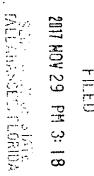
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: DREAMS	TO LIFE, INC.	
DOCUMENT NUMBE	P13000080447		
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.	
Please return all correspondent	ondence concerning this ma	tter to the following:	
Je	paquin Ochoa		
		Name of Contact Person	1
D	REAMS TO LIFE, INC.		
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
P	O Box 660348		
_		Address	
N	11AMI, FL 33266		
_		City/ State and Zip Cod	e
For further information of	E-mail address: (to be us concerning this matter, pleas	ed for future annual report	notification)
Joaquin Ochoa		at (⁷⁸⁶	546-5363
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he 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)
Ameno Division P.O. E	ng Address Liment Section on of Corporations fox 6327 assee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301

Articles of Amendment to Articles of Incorporation of

* \$ ·

FILED

2017 NOV 29 PM 3: 18

(Name	of Corporation as current	ly filed with the Florida Dept. of State) The Florida Dept. of State
P13000080447		233 233 24
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or '	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:		N/A
Principal office address <u>MUST BE A S</u>		
Enter new mailing address, if appl	icable:	
(Mailing address <u>MAY BE A POST</u>		N/A
		ress in Florida, enter the name of the
new registered agent and/or the ne		s <u>:</u>
Name of New Registered Agent	N/A	
	(Florida st	reet address)
New Registered Office Address:	N/A	. Florida
		(City) (Zip Code)
New Registered Agent's Signature, if a		t: with and accept the obligations of the position.
nereny accept the appointment as regis	icrea agent. 1 um jamunur	min and accept the obligations of the position.
	Cianatura of Nami	Pagistored 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 Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name			<u>Addres</u> s	
1)Change	VTD	VALDI	ES, DAVID		PO Box 660348	
Add					MIAMI, FL 33266	
X Remove						
2) Change				<u>-</u> -		
			•			
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		<u> </u>				
Add						
Remove						
6) Change						
Remove						

E. If a mending or adding additional Arti (Attach additional sheets, if necessary).	eles, enter change(s) here:	
V/A	(be specific)	
V/A		
	- And	
•		
A CONTRACTOR OF THE CONTRACTOR		
F. If an amendment provides for an excl	ange, reclassification, or cancellation of issued sl	nares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
N/A		

The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	October 26, 2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment (ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	ет
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Octol Dated Signature	per 26, 2017	
(E	By director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couplinated fiduciary by that fiduciary)	
	Joaquin Ochoa	-
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	