

P13000098941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

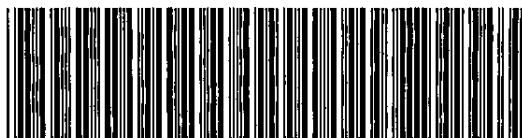
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263398629

09/25/14--01018--013 **35.00

FILED
14 SEP 25 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.R.M.
10-6-14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MERIDIAN DREAMS INC.

DOCUMENT NUMBER: P13000098941

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pablo Gomez

Name of Contact Person

MERIDIAN DREAMS INC

Firm/ Company

3607 SW 1st PLACE

Address

CAPE CORAL FL 33914

City/ State and Zip Code

Pablo.gomez@comcast.net

E-mail address: (to be used for future annual report notification)

FILED
14 SEP 25 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Pablo Gomez

Name of Contact Person

at (239) 229 2984

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Meridian Dreams Inc

P13000098941

Page 1 of 4

FILED
14 SEP 25 PM 2:15
SIGNATURE STATE
TALLAHASSEE, FLORIDA
cl

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	Sec	DORIS EVA Gomez	5037 HANSAARD Ave North Port FL 34291
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

FILED
 14 SEP 25 PM 2:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

14 SEP 25 PM 2:15
SECRETARY OF STATE
WASHINGTON, D.C. 20520
ITALIA/SECRET/FLORIDA

7-11-64

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: Sept 20, 2014, if other than the date this document was signed.

Effective date if applicable: Sept 20, 2014
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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.
- ☐ 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 _____
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated Sept 20, 2014

Signature

Pablo Gomez
(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)

Pablo Gomez

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
14 SEP 25 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA