

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: YO QUIERO CUBA, INC

DOCUMENT NUMBER: P18000080334

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

Please return all correspondence concerning this matter to the following:

ROBERTO ARGUELLO
Name of Contact Person

CASA HISPANA DE MULTISERVICIOS INC
Firm / Company

4532 TAMiami TRAIL E STE 304
Address

NAPLES, FL 34112
City, State and Zip Code

casahispanademultiservicios@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
 DEPARTMENT OF STATE
 TALLAHASSEE, FL
 2024/07/23 11:01 AM
 PH 2:02

For further information concerning this matter, please call:

Roberto Arguello at (239) 610-0920
Name of Contact Person 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
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

YO QUIERO CUBA, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

PI8000080334

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

DREAMS BUILDERS SERVICES INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8891 BRIGHTON LANE

SUITE 105

BONITA SPRINGS, FL 34135

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8891 BRIGHTON LANE

SUITE 105

BONITA SPRINGS, FL 34135

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent CASA HISPANA DE MULTISERVICIOS INC

4532 TAMMIAMI TRAIL E STE 304

(Florida street address)

New Registered Office Address: NAPLES, Florida 34112

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Roberto Arguello

Signature of New Registered Agent, if changing

Check if applicable

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

FILED
OFFICE OF STATE
COMMISSIONER, FL
JUN 11 2:02 PM

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Carlos Rafael Rodriguez Medina</u>	<u>8891 Brighton Lane Suite 105</u>
<input type="checkbox"/> Add			<u>Bonita Springs, FL 34135</u>
<input type="checkbox"/> Remove			
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			

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 APR 11 PM 2:03

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

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 as the 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.
- 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)

Dated 03/18/2024 _____

Signature 
MAY 1 10 25 2024 10:36 AM EST

(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)

CARLOS RAFAEL RODRIGUEZ MEDINA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2024 MAR 18 10:36 AM EST
DEPT. OF STATE
TALLAHASSEE, FL
FILED