

4/19/23, 12:40 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

(((H23000146192 3)))

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000146192 3)))



H230001461923AEC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : DOCUMENT PLANET INC
Account Number : 120180000095
Phone : (305)510-3848
Fax Number : (786)789-2416

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@YOURDREAMS.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
YOUR DREAM MULTISERVICES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000146192 3)))



April 19, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YOUR DREAM MULTISERVICES CORP
8300 NW 53RD ST STE 350
MIAMI, FL 33166

SUBJECT: YOUR DREAM MULTISERVICES CORP
REF: P21000035026

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H23000146192
Letter Number: 223A00008825

COVER LETTER

TO: Amendment Section
Division of Corporations

((H23000146192.3))

NAME OF CORPORATION: YOUR DREAM MULTISERVICES CORP

DOCUMENT NUMBER: P21000035026

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

Please return all correspondence concerning this matter to the following:

Isamar Torres

Name of Contact Person

Isamar Torres

Firm/ Company

2810 NW 181st Street

Address

Miami Gardens Florida 33056

City/ State and Zip Code

into@yourdreamms.com

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

2023
4-20
11:11 AM

For further information concerning this matter, please call.

Isamar Torres

at (786)

660-0108

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

☐ \$3.75 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

((H23000146192.3))

Articles of Amendment
to
Articles of Incorporation
of

(((H23000146192.3)))

YOUR DREAM MULTISERVICES CORP

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

P21000035026

(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:

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)

8300 Nw 53rd St

Suite 350

Miami, Florida 33156

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8300 Nw 53rd St

Suite 350

Miami, Florida 33156

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 Isamar Torres

8300 Nw 53rd St Ste 350

(Florida street address)

New Registered Office Address: Miami, Florida 33166

(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.

Isamar Torres
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.

(((H23000146192.3)))

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 (((H23000146192 3)))

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	VP	STEFANIE TROCONIS	7324 SW 82ND ST APT 107
<input type="checkbox"/> Add			MIAMI FLORIDA 33143
<input checked="" 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			

E. If amending or adding additional Articles, enter change(s) here:

(4) (23000146192.3))

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

((H23000146192 3)))

(((H23000146192.3)))

The date of each amendment(s) adoption: 04/19/2023, if other than the date this document was signed

Effective date if applicable: 04/19/2023
(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 ISAMAR TORRES
(voting group)

Dated 04/19/2023

Signature Isamar Torres
(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)

ISAMAR TORRES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

(((H23000146192.3)))