Division of Corporations **Electronic Filing Cover Sheet** 

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(((H22000322110 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : YOUR DREAM SERVICES CORP.

Account Number : I20200000137 Phone : (786)660-0108 Fax Number : (786)364-1047

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OCT 0 - 2022

## H220003221103

#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LEGAL DOCUME	ENTS CONSULTANTS CO	ORP		
DOCUMENT NUM	BER: P22000047442				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following			
	DANNY M MIRANDA				
		Name of Contact Person	1		
	LEGAL DOCUMENTS SOLUTIONS				
		Firm/ Company			
	415 WEST 29TH ST SUITE F				
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	info@legaldocumentssolutions.com				
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	·	·		. =	
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	-			,-, -	
JACQUELINE JAIME		at (			
Name of Contact Person		Area Co	de & Daytime Telephone Numbe	Γ	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Lee & 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

l'allahassee, FL 32303

1+220003221103

#### Articles of Amendment

20003221103 Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(\$)30 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) , Florida New Registered Office Address: 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.

Signature of New Registered Agent, if changing

Check if applicable

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

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### H220003221103

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:

tittach additional sheets, it necessary)

Example:

Please note the officer director title by the first letter of the office title

P. President, V. Vice President, T. Treasurer; S. Secretary; D. Orector, 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 Doc is listed as the PSF and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the + and S. These should be noted as John Doc, PF as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add

<u> ∑</u> Change	<u>11 T</u>	John Doe	
X Remove	$\underline{\Sigma}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
D Change	1,	D,ANNY M MIRANDA	4439 WEST 10TH CT
Add X Remove			HIALEAH FL 33012
2) Change	P	DANNY M MIRANDA	4439 WEST 10TH CT
X Add			HALEAH FL 33012
Remove 3 ) Change			
Add			
Remove			
4)Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

# H220003221103

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
BY MISTAKE THERE WAS AN ADDITIONAL , (COMA) IN BETWEEN THE LETTER D. THE NAME SHOULD
BE DANNY M. MIRANDA AND NOT D,ANNY M MIRANDA
······································
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)

	adoption:	, if other than the
date this document was signed.	0.4.7.12.22	
C _ Effective date <u>if applicable</u> :	9/17/2022	
пристис оне паружают.	(no more than 90 days after	r amendment file date)
Note: If the date inserted in the document's effective date on the		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of d	irectors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting for each voting group entitled to vote what	ng groups. The following statement attely on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficie	nt for approval
by 100		
	(voting group)	
09/16/2 Dated	022	
Signature 4	Danny M. Miranda	
(By sele	a director, president or other officer—it directed, by an incorporator – if in the hands of binted fiduciary by that fiduciary)	
	DANNY M MIRANDA	
	(Typed or printed name of p	erson signing)
	PRESIDENT	
	(Title of parcon signing)	