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## COVER LETTER

Division of Corporations
SUBJECT: Dream Frales Roulty LLC Name of Limited Liability Company,
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Doug Moran Name of Person  Dream Firm/Company
Address  Drange Park To 32073  City/State and Zip Code  Doug Moran  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debrie Jachman at (904) 644-7670 X33 Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)\$\$ \$\text{Certified Copy (additional copy is enclosed)}\$\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF ES
Dream Friders  (Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.)
The Articles of Organization for this Limited Liability Com Florida document number 1200147736.  This amendment is submitted to amend the following:	pany were filed on 1018 3 and see gned
A. If amending name, enter the new name of the limited	l liability company here:
N/A	- · <del></del>
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A-
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A-
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent: 360	acy Ponto Connate Duve Enter Florida street address
Ova	City Party, Florida 32073

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

II Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member <u>Title</u> **Address** Type of Action SLO Corporate Way
Over 360 Corporate way
Over Orange Park, FL 32073 Remove MGR Tracy Ponto Soci Broker Jennifer Cooper-Moyer □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add 2015 \_**UrRe**move U □Ādd 25 ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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Filing Fee: \$25.00