117000 149 640

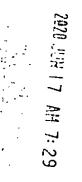
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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JUL 25 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration Se Division of Cor				
	ovations, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Adam L Hemphill			
		Name of Person		
	Dream Renovations, LLC			
		Firm/Company		
	8238 Lawton St Apt C			
		Address		
	Pensacola, FL 32514			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	gokvbm@gmail.com			
For further information e	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	outication)	
Adam L Hemphill		850 288-9802		
Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	aution	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dream Renovations LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/12/2017}{1}$ Florida document number $\frac{L17000149640}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Terry Hemphill	3751 Covas Rd	□Add
		Coden AL 36523	
			☐ Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			□Change
		_	□Add
			□Remove
		-	☐ Change
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(If an offi Note:	ve date, if other than the date of filing:
ne recore ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	6-13-20 <u>1</u>
	Signature of a member or authorized representative of a member Adam Lee Hemphill Transferred artisted as a science.