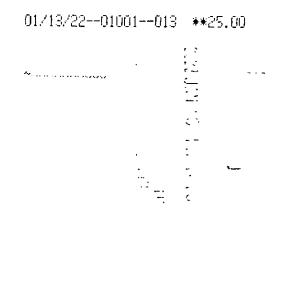
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A. BUTLER
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: T;L	Dreamers Name of Limi	LLC ited Liability Company	
The enclosed Articles of A	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Lora	Name of Person	
		Firm/Company	
	3673 NN	167th AVENU	<u>C</u>
	Gninesvil	1/c FL 326 City/State and Zip Code	53
	Thadus Carr E-mail address: (1	City/State and Zip Code  2209 mail, Control be used for sature annual report notified.	(Y)
For further information cor	cerning this matter, please ca	all:	
Lora (	111	at ( <u>352</u> ) <u>222-</u> Area Code Daytime	9399
Name of F	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
2525.00 Filing Fee	S30.00 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:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T3L Dreamers LL (Same of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our recor- liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 L 0 0 0 52 5<sup>2</sup>1 2</u> .	were filed on $D_c < 19$	24 ZOZI and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  TELDFEAMERS THANSPORTA  The new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability".		C" 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 agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	205
<u> </u>	, F	lorida
	City	Zip Code

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>	Address	Type of Action
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			□Remove
			□Change
		<del></del>	□Add
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an effe <u>ote:</u>	ate, if other than the date of filing:	5.020° ted as
record is file	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ated_	n 13 2022	
	Signature of a member or authorized representative of a member	
	\(\sigma\) Signature of a member of authorized representative of a member	
	. []	

Filing Fee: \$25.00