L22000352983

(Requestor's Name)
(Address)
(0.1112.22)
(Address)
(City/State/Zip/Phone #)
(only established by
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
**PER CUSTOMER,THE
A DITICLES OF A MENTOMENT

WERE TO BE ABANDON - 04/15/2024** J. DENNIS & W.

Office Use Only

MILLS



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03/01/24--01013--002 **25.00





COVER LETTER

ro:	Registration Section Division of Corporati	ons			
SUBJE	CT:	Charlee Webl Name of Limited Lial	oility Company		_
The en	closed Articles of Amer	ndment and fee(s) are submitted ce concerning this matter to the	for filing. following:		
	-	Charl	Name of Person		
			Firm/Company		
		1681 NN 444	Address		
		Cuephrealte	ity/State and Zip Code	. CCVII	
For	further information cor	E-mail address. (to be decrining this matter, please call:		804-303Le	
	Charlee Name of	Webh Person	at (<u>35d_</u>) Area Code	Daytime Telephone	: Number
	nclosed is a check for th	e following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is co	-	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Regis Divis The (Address: stration Section sion of Corporation Centre of Tallahas N. Monroe Stree shassee, FL 32303	ssee t, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	vebb cc	
(<u>Name of the Limited Liabit</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability (Company were filed on	and assigned
lorida document number <u>L22000352983</u>	 ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
Dreamcatcher Preatty		
e new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADD	RESS)	:
		024 SE
		IAR TI
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		5
maning undress may be a 1031 Office box		
		<u> </u>
. If amending the registered agent and/or registere	ed office address on our moonds, onto t	·
ent and/or the new registered office address here:		ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Flor	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being auto-

MGR = Manager AMBR = Authorized Member

AMBR = Authorized Member			Type of Action
<u>Title</u>	Name	Address	Type of Action
INC			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
If amending any other into many and the second seco	
(optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a value of feetive date on the Department of State's records.	3)(b he
Note: It is affective date on the Department of State 3 records	
If the record 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	
16 the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the	
record is filed.	
If the record specifies a delayed effective data record is filed. Dated	
Dated	
Charlee Webb Typed or printed name of signee	

Filing Fee: \$25.00