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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: DREAM'S PBS INC. DOCUMENT NUMBER: P20000074031 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PIER FORBES Name of Contact Person FORBES GLOBAL TAX SERVICE INC. Firm/ Company 501 E LAS OLAS BLVD., STE 300/200 Address FORT LAUDERDALE, FL 33301 City/ State and Zip Code PIER.FORBES@DRIXTAXUSA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PIER FORBES at (863) 595-5723

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation

FILED

DREAM'S PBS INC. (Name of Corporation as currently filed with the Florida Dept. of State)

Check if applicable

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

2021 JAN 11 PM 3:58

P20000074031 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A 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." N/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) New Registered Office Address: , Florida (City) 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

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:

(Attach additional sheets, if 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 = Director; 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 Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	RAMEZ MOHAMB ZAYID	11101 HERON BAY BLVD
X Add				CORAL SPRINGS, FL 33076
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change	_	_		
Add				-
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
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N/A	or adding additional A mal sheets, if necessary). (Be specific)				
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. If an amendr	nent provides for an e	change, reclassif	ication, or cancel	<u>lation of issued sh</u>	ares,	
provisions to (if not a _l	or implementing the applicable, indicate N/A)	mendment if not	contained in the a	mendment itself:		
N/A						
10.1	·					
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The date of each amendmen		, if other than the
date this discument was signed Effective date if applicable:	i. 12/31/2020	
Enective date it applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirement he Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareh	older action and shareholder
	re adopted by the shareholders. The number of votes cast for the americ sufficient for approval.	endment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The followined for each voting group entitled to vote separately on the amendmen	ng slutement u(s):
The number of vote	s cast for the amendment(s) was/were sufficient for approval	
ьу	(voling group)	
	(Louis Vicera)	
Dawd	72021	
	by a director, president or other officer - if directors or officers have re- elected, by an incorporator - if in the hands of a receiver, trustee, or o oppointed fiduciary by that fiduciary)	not been Wher court
	ALAA FARES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	