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FILED 10 HAY 13 PM 2: 07 SECRETARY OF STATE SECRETARY OF FLORIDA

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT: AM	erican Dream Makers, UC Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Darcie Wheeler	
	Traile of Follows	
	Firm/Company	
	201 50th Street N.	
	Address	
	St. Petersburg FL 33710 City/State and Zip Code	
	POLLARDDL@ aol. com E-mail address: (to be used for future annual report notification)	
For further information con	acerning this matter, please call:	
	Wheeler at 727 254.3982 Person Area Code & Daytime Telephone Number	
Name of F	erson Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	sed)

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

FILED 10 MAY 13 PM 2: 07

American Dream Makers, LLC SEURETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)
(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 5-18-2007 and assigned
Florida document number <u>L. D 70000 53610</u>
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 end with 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: Darcie Wheeler
New Registered Office Address: 5500 Central Are Enter Florida street address
St. Petusburg, Florida 33707 City Sip 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office andress, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Address **Type of Action** <u>Title</u> Name 1 MGR Darcie Wheeler CNAME Change from Darcie Pollard to Darcie Wheeler) ☐ Add Remove MGR Darcie Pollard Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Darcie Pollard, Managing Member of American Dream Makers, LCC has legally Changed her name to Darcie Wheeler and Requests this Amendment to adjust her name With the Department of State. May 10th Signature of a member or authorized representative of a mem Darcie Wheeler Typed or printed name of signee (FURNERLY Darcie Pollard) Page 2 of 2

Filing Fee: \$25.00