Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations		
	Fax Number : (850)617-6383		
From:			
	Account Name : MCLIN & BURNSE	P.A.	
	Account Number : 104657003604		
	Phone : (352)753-4690 Fax Number : (352)751-4993		
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Help

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COVER LETTER

	istration Se ision of Cor			
SUBJECT:	RMJW LLO			
*********		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Plcase return	all correspon	ndence concerning this matter	to the following;	
		Jeffrey P. Skates		
			Name of Person	
		McLin Burnsed		
			Firm/Company	
		1028 Lake Sumter Landin	g	
			Address	
		THE VILLAGES, FL 321	62	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For further in	formation co	incerning this matter, please c	all:	
Jeffrey P. Sk	ates		352 259-5011 ai ()	
	Name of	Person	Area Code Daytimo	e Talephone Number
Enclosed is a	check for the	c following amount:		
■ \$25.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & 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

KMJW			
(Name of the Lin	ited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number L07000125924	Liability Company	were filed on December 19, 2007	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liah	ility company here:	
The new name must be distinguishable and contain the	words "Limited Linbi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	1950 LAUREL MANOR DRIVE	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 130	
		THE VILLAGES, FL 32162	
Enter new mailing address, if applicable:		1950 LAUREL MANOR DRIVE	
Mailing address MAY BE A POST OFFICE BOX)		SUITE 130	
		THE VILLAGES, FL 32162	
3. If amending the registered agent and/or agent and/or the new registered office addronates of New Registered Agent:			name of the new register
	1028 Lake Sum	nter Landing	S 00 F2
New Registered Office Address:		Enter Florida street address	
	The Villages	, Florid	35TAO
		City	i≟. = Zip (imir.

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
MGR	Justin Wilson	11035 SE SUNSET HARBOR RD	□Add
		SUMMERFIELD, FL 34491	≡ Remove
			□Change
MGR	Dream Castles Investments, LLC	1950 LAUREL MANOR DRIVE	
		SUITE 130	□Remove
		THE VILLAGES, FL 32162	□Change
VP	Тапуа Еаson	1950 LAUREL MANOR DRIVE	\ \ \
		SUITE 130	□Removc
		THE VILLAGES, FL 32162	□Change
VP	Meg Mosher	1950 LAUREL MANOR DRIVE	■Add
		SUITE 130	□ Remove
		THE VILLAGES, FL 32162	Change
			□Add
			□Remove
			□Change
			□ Remove
			□ Change

	nending any other information, enter change(s) bere: (Attach additional sheets, if necessary.)
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17016	tive date, if other than the date of filing: [(option2)) flective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
ne reco	ord 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 filed.
Dated	July 17 , 2023
	A Tence B. Muse Signature of a member or authorized representative of a member
	Reneé B. Morse