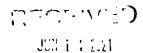
L110000068033

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|-------------------------|--|
| | | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The analogad Articles of | f Amondment and fee(s) are sub | omitted for filing. | |
| | | | |
| | Johnny D. Nettles | | |
| | | Name of Person | |
| | Dreamette, LLC | | |
| | not Corporations eamette, LLC Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Johnny D. Nettles Name of Person Dreamette, LLC Firm/Company 10098 Plank Lane Address Jacksonville, FL 32220 City/State and Zip Code johnnycrar@aol.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: es 10098 Plank Lane Address Area Code Tall-8264 Daytime Telephone Number Deck for the following amount: ang Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Address: Certified Copy (additional copy is enclosed) PAddress: Tration Section On of Corporations Street Address: Tration Section Division of Corporations | | |
| | 10098 Plank Lane | | |
| | | Address | |
| | Jacksonville, FL 32220 | | |
| | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | |
| | · · · | | |
| | | | otification) |
| For further information | concerning this matter, please o | all: | |
| Johnny D. Nettles | | at (| |
| Name | of Person | Area Code Dayı | ime Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| - | Section | Registration S | |
| Division of (P.O. Box 63 | | | |
| Tallahassee, | | | roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Dreamette< LLC | | | |
|--|--|-------------------------------|----------------------|
| (Name of the Limited L | iability Company as it now appear lorida Limited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liabi Florida document number L11000068033 | lity Company were filed on 06/ | /10/2011 | and assigned |
| This amendment is submitted to amend the followi | ng: | | |
| A. If amending name, enter the new name of th | e limited liability company he | <u>ere</u> : | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the d | esignation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| | | <u> </u> | 7.02.7 |
| | | | = ' |
| | | | |
| Enter new mailing address, if applicable: | | <u> </u> | - |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or regis | | | 30 |
| B. If amending the registered agent and/or regis | stered office address on our re | ecords, <u>enter the name</u> | of the new registere |
| agent and/or the new registered office address h | <u>ere</u> : | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New Registered Office Frauess. | Enter Flor | rida street address | |
| | | , Florida | |
| - | City | , 2 2776 2424 | 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|--|----------------------------|
| AMBR | Sonya J. Nettles | 3646 Post Street, Jacksonville, FL 32205 | |
| | | | □Remove |
| | | | □ Change |
| AMBR | Bradley W. Nettles | 3646 Post Street, Jacksonville, FL 32205 | □Add |
| | | | □Remove |
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| | <u></u> | | Add |
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| Effective date, if oth fan effective date is liste Note: If the date inser document's effective of | rted in this block doc | es not meet the appl | or to date of filing or i | op nore than 90 days a ng requirements, | otional) Her filing.) Pur this date will | suant to 605.0207 not be listed as |
| record specifies a del d is filed. | | | | on the earlier of: | (b) The 90 | th day after the |
| ated | | . 2021 | <u>/</u> . | | | |
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Typed or printed name of signee