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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





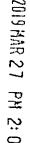
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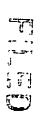
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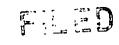
TO: Registration Section 5 Division of Corporations
SUBJECT: DREAMING TREE ON THE LAKE, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JENNIFEL LENOX Name of Person
DREAMING TREE ON THE LAKE, LLC Firm/Company
1486 Alabama DR
WINTER PARK, FL 32786 City/State and Zip Code BKlenox a gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JENNIFER LENOX at (407) 670 - 5834 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$\$\$\$\$\$\$\$ \$60.00 Filing Fee. & Certified Copy (additional copy is enclosed)}\$

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



	OF	2019 HAR 27 PH 2: 07
DREAMING TREE	ON THE LA	KE, LLC FIME
The Articles of Organization for this Limited Liability C Florida document number \(\bigcup_{15242} \)	ompany were filed on <u>O</u> C	1/30 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here	:
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		gnation "L.L.C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido	street address
		Florida
	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 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	BRANDON LENOX	1486 Alabama DR	X Add
		WINTER PARK, FL 32789	🗆 Remove
	•		Change
<u>Ambr</u>	LEE ADLER	941 Moss Ln	Add
		WINTER PARK, FL 327	87□ Remove
			□ Change
AMBR	MARSHAADLER	941 Moss Ln	
•		WINTER PARK, FL 3270	F9 □ Remove
			□ Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			□ Chance

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	MARCH 24 2019
	Signature of an ember of authorized representative of a member
	JENNIFER LENOX
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00