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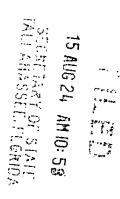
| (I                   | Requestor's Name)       |        |
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| PICK-UP              | ☐ WAIT                  | MAIL   |
| (1                   | Business Entity Name)   |        |
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## **COVER LETTER**

| TO:         | Registration Se<br>Division of Con | ection , , , , , , , , , , , , , , , , , , , |   | * .  |
|-------------|------------------------------------|--|---|--|
| CUT         |                                    | IAKER PROPERTIES LLC                         |   |  |
| SUB         | JECT:                              | Name of Lin                                  | nited Liability Company   |  |
| The e       | enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Pleas       | se return all correspo             | ondence concerning this matter               | to the following:   |  |
|             |                                    | ROBERT J NICKERAUE                           | R   |  |
|             |                                    |  | Name of Person  |  |
|             |                                    | DREAM MAKER PROPE                            | ERTIES LLC  |  |
|             |                                    | · · · · · · · · · · · · · · · · · · ·        | Firm/Company  |  |
|             |                                    | 9305 LAUREL LEDGE D                          | PR  |  |
|             |                                    | W  | Address   | <del> </del>   |
|             |                                    | RIVERVIEW, FL 33569                          |   |  |
|             |                                    |  | City/State and Zip Code   |  |
|             |                                    | JBDESK@SUNSETACCO                            | UNTING.NET<br>to be used for future annual report noti              | C  |
| For fi      | urther information c               | oncerning this matter, please c              | ·   | neation)   |
| ROB         | ERT J NICKERAU                     | ER   | 727 224-1091  |  |
|             | Name o                             | f Person                                     | Area Code Daytim  | e Telephone Number   |
| Enclo       | osed is a check for the            | ne following amount:                         |   |  |
| <b>□</b> \$ | 25.00 Filing Fee                   | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DREAM MAKER PROPERTIES LLC

(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 01/07/2015   | and assigned                          |
|--|--|---------------------------------------|
| Florida document number L15000003547   | vere med on  | and assigned                          |
| This amendment is submitted to amend the following:  |  |                                       |
| A. If amending name, enter the new name of the limited liabil  | ity company here:  |                                       |
|  |  |                                       |
| The new name must be distinguishable and contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words are contained and Contain the words are contained and Contain the words are contained and | y Company," the designation "LLC" or the abbi                                    | reviation "L.L.C."                    |
| Enter new principal offices address, if applicable:  |  |                                       |
| (Principal office address MUST BE A STREET ADDRESS)  |  |                                       |
|  |  |                                       |
|  |  |                                       |
| Enter new mailing address, if applicable:  |  | <del> </del>                          |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | A A A A A A A A A A A A A A A A A A A |
|  |  |                                       |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here   |  | he name of the nev                    |
| Name of New Registered Agent:  |  | 5                                     |
| New Registered Office Address:   |  |                                       |
|  | Enter Florida street address   | 2 × ×                                 |
|  | , Florida  |                                       |
| New Registered Agent's Signature, if changing Registered Agent:  | City   | - Zip Code                            |
|  | Ē  | S 5                                   |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete process accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.  | performance of my duties, and I am fa<br>rovided for in Chapter 605, F.S. Or, ij | miliar with and<br>f this document is |
| If Char  | ring Dagietapad Agant Signatura of Naw Dagi                                      | stored 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                                   | JESSE BENNETT    | 3321 S SALFORD BLVD  |                |
|                                       |                  | NORTH PORT, FL 34286 | ■ Remove       |
|                                       |                  |                      | ☐ Change       |
| MGR                                   | GRETCHEN BENNETT | 3321 S SALFORD BLVD  |                |
|                                       |                  | NORTH PORT, FL 34286 | Remove         |
|                                       |                  |                      | □ Change       |
|                                       |                  |                      | Add            |
|                                       |                  |                      | □ Remove       |
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| *                              |  |                                 |                           |              |                                     | · · · · · ·                     |                                   | <del>- 年初</del><br>25 選 | — <del>Б</del> -        |                                       |
|                                | <del></del>  | <u></u>                         |                           |              |                                     |                                 |                                   | 35                      | 2 3                     | ٠,                                    |
| ****                           |  |                                 |                           |              |                                     |                                 |                                   | STATE OF                | <u>t</u>                | į.                                    |
|                                | <u></u>  |                                 |                           |              |                                     |                                 |                                   |                         | <u></u>                 | , , , , , , , , , , , , , , , , , , , |
| Effective d                    | ate, if other than th  | ua data of fi                   | lina                      |              |                                     |                                 | (optiona                          |                         | CTI                     | ٠, .                                  |
| f an effective<br>Note: If the | ate, if other than the date is listed, the date mis date inserted in this be effective date on the l | ust be specific<br>block does n | and cannot be of meet the | applicable : | e of filing or n<br>statutory filir | nore than 90 da<br>ig requireme | iys after filin                   | g.) Pursuai             | nt to 605.<br>Lbe liste | .020<br>ed as                         |
| ne record<br>The 90tl          | specifies a delaye<br>h day after the re   | ed effective<br>cord is file    | re date, bu<br>ed.        | ut not an    | effective :                         | time, at 12                     | 2:01 a.m                          | . on the                | e earlie                | er o                                  |
|                                | 8-20   |                                 | 20                        | 15           |                                     |                                 |                                   |                         |                         |                                       |
| Dated :                        |  | $\sim$                          |                           |              |                                     |                                 |                                   |                         |                         |                                       |
| Dated :                        | Tou  | De.                             | 4(1                       | <u> </u>     |                                     | of a member                     |                                   |                         |                         |                                       |

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Filing Fee: \$25.00