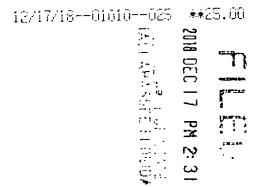
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PW Enterprises of Jax UC 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:
Willie R Smaleton Name of Person
PW Enterprises of JAX UC Firm/Company
3082 Warnsering Onto Drive
Drange Part FL 32063 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (104) 591-4038 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & B55.00 Filing Fee & Certificate of Status \$\Bigcup \$

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 Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PO ENTERPRISES OF JAX UC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				

PLO ENTERCHRISES UF	JHX CCC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>U5000144533</u> .	were filed on 08/24/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
DREAM BIG ENTERPRI The new name must be distinguishable and contain the words "Limited Liabil	SES OF JAX ULC ity Company," the designation "E.I.C." or the abbreviation "E.I.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5501 Wesconnett Blud Unit # 351995 Jacksonville, FL 32244
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5501 Wesconnett Blud. Unit #381995 Jocksmille, FL 32244
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City :Zip,Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to confid 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>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00