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COVER LETTER

10:	Division of Co			
SUB	JECT:	Dreamantic / Name of Limit	Auto Services; L ted Liability Company	<u>LC</u>
The e	enclosed Articles o	of Amendment and fee(s) are	submitted for filing.	
Pleas	e return all corres	pondence concerning this ma	atter to the following:	
	•	Juan	Da Costa Name of Person	
		PACO	Properties, LLLP	
		4648	3 Cortez Way So	
		S _t ,	Peters burg, FL City/State and Zip Coops	3371Z 25 25 E
		dacoho E-mail address: (Idingsinc Damail to be used for future annual report r	otification)
For fu	urther information	concerning this matter, pleas	e call:	
	Juan Name o	Da Costa of Person	at (<u>850</u>) <u>251 -</u> Area Code Daytime	8258 Telephone Number
Enclo	sed is a check for	the following amount:		
V O \$2	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 isnclosed)
			,	

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

(Name of the Limited Liability (A Florida Lim	C Auto Services, LLC Company as it now appears on our records. lited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L15000185290</u> .	mpany were filed on 11/2/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and comainords "Limited I	Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 12735 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered agent and/or the new registered office agent and/or registered agent and/or the new registered office agent and/or the new registered office agent and/or the new registered agent and/or the new registered office agent a	stered office address on our <u>records, enter the name</u> of t ddress here:
Name of New Registered Agent:	Juan Da Costa (M)
New Registered Office Address:	1000 49 th St. So. Enter Florida street address
St.	Petersburg, Florida 33707 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 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to margaret 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>	<u>Addres</u> s	Type of Action
MGR	Juan DoCosta	4648 Cortez Wy S. St. Pete FL3	3712 Add
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			Change
MGR	DACO Properties, LLLP	4648 Cortez Wy S	🗆 Add
		St Petersburg, PL 33712	Remove
			Change
			<u>6</u> □ Add
		27 FA 64	Remove
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