# 400000456

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SECRE ANY OF STATE, TALLAHASSEE, FLC. 13A

JUN 1 4 2016 S. YOUNG

# **COVER LETTER**

TO: Registration Section of Corp				
SUBJECT:	Cargooal L Name of Limi	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Drea 515 f	Name of Person  Marcon LLA  Firm/Company  Heather Brite  Address  PL 32712  City/State and Zip Code  That Cayalyon  To be used for future annual report notifit	circle	SECRETARY OF SUM IN PH 2: 33
For further information con	ncerning this matter, please ca		cation)	2: 33
Brian Hux	ahes Person	at (407) 701 - Area Code Daytime	35 6 5 Telephone Number	υ,
Enclosed is a check for the	following amount:			
□ \$25.00 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 enclose	

### 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**

Cargooal LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L 1000000456	vere filed on 1/8/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Dream Green LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	515 Heather Bril	e Circle
(Principal office address MUST BE A STREET ADDRESS)	Apople, RL 32712 (Sque as before	50
Enter new mailing address, if applicable:	N/A	OI MINISTRA
(Mailing address MAY BE A POST OFFICE BOX)		2 1196
		2: 5
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
·	, Florida	ip Code
New Registered Agent's Signature if changing Registered Agent.	City L	p coue

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00