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(Requestor's Name)		
(Address)		
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)		
PICK-UP WAIT MAIL		
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Dream Team Motors Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Dennis Weatherby Name of Person
Dream Team Motors LLC.
12-15 Lakeview Rd
Clearwater, Florida 33756  City/State and Zip Code  dennisqueather lay Q Vahoo. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dennis Weatherby at (727) 754 - 9777  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LI 70000(d6814</u> .	were filed on	-22-18	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<b>18</b>
			G
			7 ARY CO
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		r records, <u>enter t</u>	ne name of the new
New Registered Office Address:	Enter Florida s	treet address	
		, Florida	
	City	1 10/16d	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am fa ster 605, F.S. Or, i	miliar with and f this document is
If Cha	nging Registered Agent,	Signature of New Reg	istered 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
AMBR	Olivia Braun)	1285 Laveview Rd	🗆 Add
		#12 Clearwater, Fi.	Remove
		33756	Change
AMBR	Dannis Weatherly	4000 Weatherby Lane	2 MAdd
	,	Mims, FL 32754	
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	Signa	ture of a member or	authorized represen	ntative of a member	· · · · · ·		
$\sim$	LIVIA O.	BROWN					

Page 3 of 3

Filing Fee: \$25.00