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COVER LETTER

Division of Cor	porations			
SUBJECT:	Dr.eam Name of Lim	Licensing, LLC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ahmo	A Alkar Name of Person		
		Name of Person		
	099	So x Firm/Company		
		Firm/Company		
	7621 124	th Ave, Unit	D ,	7 3
	Largo F	-L 33773		
	about	City/State and Zip Code Odd Sox off: (: a. to be used for future annual report notifi		
	E-mail address: (to be used for future annual report notifi	ication)	• • • • • • • • • • • • • • • • • • •
For further information c	oncerning this matter, please c		•	ည်။ စာ
Ahna	d Akar	at (727) 798 - Area Code Daytime	-8066	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co (additional copy	f Status & Py
24 4 11	INC ADDDECC.	CTDPFT/COLDIN	2D ANNDESS.	

MAILING ADDRESS:

Registration Section

TO:

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 L	icensing L	LC.
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on our recor	rds.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 18000 25 120</u> .	vere filed on5/19/	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liability"	ty Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7621 124+1 Largo, FL	Ave, Unit D orid. 33773
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7621 1241 Large, Fla	th Ave, Un:+ D
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		
Name of New Registered Agent:		(1) (C)
New Registered Office Address:	Enter Florida street addr	ess
		Florida
	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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR_	Ali Akar	7621 174th Ave, Unit D Largo, Fl 33773	<i>j</i> ∑ Add
		Largo, Fl 33773	□ Remove
		-	Change
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Effective date, if other tha	on the data of f	iline.			(optional)	ණ ഡ	
If an effective date is listed, the d Note: If the date inserted in document's effective date or	late must be specific this block does r	c and cannot be p not meet the app	olicable statutor		days after filing.		
ne record specifies a de The 90th day after th	e record is fil	ed.			12:01 a.m.	on the ear	lier
Dated 4 - /0		. 2019					

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Filing Fee: \$25.00