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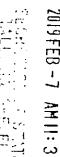
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
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COVER LETTER

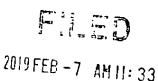
TO: Registration Sec Division of Corp		•	
SUBJECT: Dream Gr	een Solutions LLC		
		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Foram Madiyar		
		Name of Person	
	Dream Green Solution	ns LLC	
		Firm/Company	
	5407 Ward lake Dr.		
		Address	
	PT ORANGE FL 32128		- <u></u>
		City/State and Zip Code	
	igsolutions.sfs@gmail.com E-mail.address: (t	o be used for future annual report noti	tication)
For further information co	oncerning this matter, please ca		,
Foram Madiyar		at (785) 3237113	
Name of	Person		e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified 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 TOARTICLES OF ORGANIZATION **OF**



Dream Green Solutions LLC

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/07/2018 and assigned Florida document number L18000259901 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3030 N. Rocky Point Dr. Enter new principal offices address, if applicable: STE 150A (Principal office address MUST BE A STREET ADDRESS) Tampa FL 33607 3030 N. Rocky Point Dr. Enter new mailing address, if applicable: **STE 150A** (Mailing address MAY BE A POST OFFICE BOX) Tampa FL 33607 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Northwest Registered Agent, LLC. Name of New Registered Agent: 7901 4th St N STE 300 New Registered Office Address: Enter Florida street address ____, Florida 33702 St. Petersburg

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.

City

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>	Address	Type of Action
Mrs.	Manisha Mehta	3373 S Monaco pkwy	Ādd
[AMBR]	Apt B, Denver CO 80222	☐ Remove	
			Change
			
		Remove	
		Change	
		 	Add
		Remove	
		Change	
		Remove	
		Change	
		□ Add	
		□ Remove	
		☐ Change	
			🗆 Add
		Remove	
			□ Change

	nding any other information, enter enange(s) here: (Attach daditional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
/h) Tha	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Shady
	Signature of a member or authorized representative of a member
	Joian Mardiyar Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00