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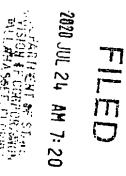
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SUBJECT:	Name of Lim	ited Liability Company			
Th	A	wheel for Gibs			
The enclosed Articles of	Amendment and ree(s) are sub	mitted for filing.			
Division of Corporations SUBJECT: DreeMWork LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ShakeeM Seal Name of Person Dree HWork LLC Firm/Company 6306 S Hacd.ill are apt 623 Address Tampa, FL, 33611 City/State and Zip Code Seal Shakeem & Gma.l. Com E-mail address: (to be used for litture annual report notification) For further information concerning this matter, please call: Shakeem Seal Name of Person Area Code Daytime Telephone Number					
	Shakeem	Seal Name of Person			
Division of Corporations DreeMWork UC Name of Limited Liability Company ne enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: ShakeM Seal Name of Person DreeMWork UC Firm/Company 6306 S Hace!!! ave: apt 623 Address Tampa, FL, 33611 City/State and Zip Code Seal ShakeM & Gmail Code Seal ShakeM & Gmail Code Benail address: (to be used for future annual report notification) or further information concerning this matter, please call: ShakeM Seal Name of Person at (24) Name of Person at (24) Area Code Daytime Telephone Number Second Filing Fee Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee					
SUBJECT: DreeMWork LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shakeeth Seal Name of Person Dree Mwork LLC Firm/Company 6306 3 Macd.!! ave. apt 623 Address Tampa, FL, 336!! City/State and Zip Code Seal Shakeeth @ Gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shakeeth Seal Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	623.				
	For further information c				
Shakeem	Seal	at (924) 284 -	9957		
Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
			ction		
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Tallahassee, l	÷L 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DreemWork LLC			1830 1783	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on 3	15/2019.	デディー 第日 and assign	gned
Florida document number <u>L 19000 62 664</u> .		C, 0.	一般分 and assig	O
This amendment is submitted to amend the following:				2
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or	the abbreviation "L.L.	C.**
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	· - .			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the</u>	name of the new	registered
Name of New Registered Agent:				
New Registered Office Address:	Entar Florid	la street address		
	Entr i long			
	City	, Florid	la Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of no provided for in Ch	ny duties, and I napter 605, F.S.	am familiar with Or, if this docum	and nent is
	nging Registered Ager	nt, Signature of No	ew 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
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
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the record sp) The 90th d				not an effecti	ve time, at 12	:01 a.m. on the ϵ	earlier of:
Dated 07	20/20	20					
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Page 3 of 3

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