# L19 000 089722

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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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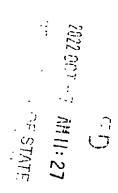
A. RIVERS

DEC 2 7 2022



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10/04/32--01011--022 \*\*25.00



## **COVER LETTER**

TO: Registration Sec Division of Corp			•
SUBJECT: DCCA	merma(refing to	DUSE LLC ited Liability Company	<del></del>
	Amendment and fee(s) are sub-	_	
	Danielle Con	MSTOCK Name of Person	
	Dreamer	Marketing House	LC
	12505 fores	t Highlands dr.	··
	Dade Cit	City/State and Zip Code	
		KP+114 House @ 9 Mail to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	nil:	
Danielle Con Name of	NStoc K Person	at ( <u>201</u> ) <u>841</u> Area Code Daytime	7 6 7 7 : Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 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 enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dreamer Inurreting Hou	sc llc	
(Name of the Limited Liability Compa (A Florida Limited)	Lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900089722</u>	were filed on 4/01/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12505 forest highle	_
(Principal office address MUST BE A STREET ADDRESS)	Dade (ity, FL 335	<u>&amp;)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ghlands Dr. 3525
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
		<u>.</u>
Name of New Registered Agent:		<del>- 위로 등</del>
New Registered Office Address:	Enter Florida street address	1: <b>27</b>
	, 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 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	Smith, Shannon N		□ Add
		844 3905 Tampa Rd \$ 254	XRemove
		oldsmar, FL 34477	□Change
	<del></del>		□ Add
			□Remove
			□Change
			□ Add
		<del></del>	□Renюve
			□Change
			🗆 Add
			ПРСПЮУС
			□Change
<del></del>			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			Change

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an effect ote: If	e date, if other than the date of filing: 10   5   22 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	10/5/2022
	Danulu Com Stock Signature of a member or authorized representative of a member