# L1900 230 060

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Dc	cument Number)			
(50	our real real real			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO: Registration Secti Division of Corpo				
SUBJECT: WO	UtOdreams Name of Limite	d Liability Company	<del></del> -	
The enclosed Articles of An	nendment and fee(s) are submi	itted for filing.		
Please return all correspondence concerning this matter to the following:				
	Amana	da P.Tschosi	<u>K</u>	
	Imou	to clreams Firm/Company	LIC	
	907 D	aKota Ave		
	St. Ch	City/State and Zip Code	169	
	1 mout E-mail address: (10	City/State and Zip Code  DGIPANS  be used for future annual report not	mail.com.	
For further information cond	erning this matter, please call	:		
Amanda i	P. Tschosik	at ( D) 382 Area Code Daytim	9563 e Telephone Number	
Enclosed is a check for the f	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/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 Con (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000230060</u>	my were filed on 9/11/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	C
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	$rac{\omega_{i}}{\omega_{i}}$
	P P
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  Name of New Registered Agent:	office address on our records, enter the name of the new nere:
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	City Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	— igree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and is provided for in Chapter 605, F.S. Or, if this document is
īrc	hanging 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>	Name	Address	Type of Action
MGR	Amanda P. Tschosik	907 Dakota Ave.	<b>5₽</b> Add
		907 Dakota Ave. St. Clad, Fl 34769	🗆 Remove
			Change
			Add
		<del></del>	Remove
			Change
			□ Remove
			□ Change
<del></del>	<del></del>		🗆 Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			🗖 Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:    11/2619
If the 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 record is filed.
Dated $10/22$ . $2019$ .
Signature of a thember or authorized representative of a member
Amanda P. Tschosi K  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00