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JUN - 9 2020

## **COVER LETTER**

Registration Section

TO:

Division of Cor	rporations				
DREAM V	VIGS AND BUNDLES LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Valerie S. Daniels			
		Name of Person	·····		
		Firm/Company			
Firm/Company 7402 N. 56TH STREET - STE. 855					
		Address			
	T	ampa, Florida 33617			
		City/State and Zip Code			
		amwigsandbundles@gmail.com	<del></del>		
Para Garda and Gardana di an		to be used for future annual report no	(ification)		
ror turner anormation c	concerning this matter, please c	an.			
Valerie S. I	Daniels	813 629-2008			
Name o	of Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he 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 Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of	•		
Tallahassee		2415 N. Monre	se Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 \*\*\*\* - 9 AM 10: 34

DREAM WIGS AND BUNI	DLES LLC		
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears lity Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company were Florida document number	re filed on	03-10-2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company he	<u>re</u> :	
DREAM WIGS HAIR EXTENSIONS AND ACCESSORIES LLC	Ĉ		
The new name must be distinguishable and contain the words "Limited Liability C	ompany " the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:  Name of New Registered Agent:	ress on our re	ecords, <u>enter the nam</u>	e of the new registered
New Registered Office Address:			
	Enter Flori	ida street address	
		, Florida	
	City		Zıp Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov	formance of i	my duties, and I am f	familiar with and

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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f an effect <u>Note:</u> If	e date, if other than tive date is listed, the date the date inserted in that's effective date on t	e must be specific ar is block does not	nd cannot be prior to meet the applical	o date of filing or	more than 90 days	after filing.) Pursua	nt to 605.0207 ( t be listed as t
record s d is filed	specifies a delayed eff l.	ective date, but no	ot an effective tin	ne, at 12:01 a.m	, on the earlier o	f. (b) The 90th c	lay after the
Dated	June 8.		2020	-in 1	4	_	
		Signature of a	member or author	ized representation	e of a member	6	

Filing Fee: \$25.00