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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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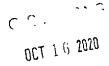
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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	Entertainment, LLC	• •	ı	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Picase return all correspo	indence concerning this matter	to the following:		
	Jason R. Delk			
		Name of Person	4.55	
	DELK McNALLY, LLP			
		Firm/Company		
	211 S. Walnut Street			
		Address		
	Muncie, IN 47305			
	*** * * *	City/State and Zip Code	 	
	delk@delkmenally.com	to be used for future annual report notif	Gartion	
For further information c	oncerning this matter, please c		ication)	
Jason R. Delk		765 896-9495		
Name of Person		at () Area Code Daytime	e Telephone Number	
Enclosed is a check for th	ne 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 Addres		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		•	The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2323 Se? - 4 111 7: 57

Dreamstone Entertainment, LLC	. ,
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{N}{2}$	March 20, 2020 and assigned
Florida document number L20000086735	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
'he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "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)	
3. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Fo	orida street address
	Florida

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

Zip Code

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 2020 SFP -4 AH 7: 57	Type of Action
MGR	Jeffrey Smith	3341 Buckingham Way	= Add
		St. Cloud, FL 34772	□Remove
			🗆 Add
		□Remove	
		□Change	
			🗆 Add
			□Remove
		□Change	
			🗆 Add
		□Remove	
		□Change	
		□Add	
		□Remove	
		Change	
		□Add	
		□Remove	
		Change	

Typed or printed name of signee