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## **COVER LETTER**

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Registration Section

TO:

SUBJECT: Dreamworks Capital 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:  Jason Thompson  Name of Person  Dreamwork Capital LLC  Firm/Company  1865 Lucky Trl  Address  Longwood Fl 32750  City/State and Zip Code  Summit Jason & Yakoo. Con  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	ations
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Jason Thompson  Name of Person  Dranwerk Capital LLC  Firm/Company  1865 Luly Tr I  Address  Longwood F1 32750  City/State and Zip Code  Summit Jason & Yahoo. Com  E-mail address: (to be used for future annual report notification)	eamworks Capital LLC Name of Limited Liability Company
Please return all correspondence concerning this matter to the following:    Jason Thompson	, talle to tallines statem, so topic,
Please return all correspondence concerning this matter to the following:    Jason Thompson	endment and feets) are submitted for filing
Dramwerk Capital LLC  Firm/Company  1865 Luly Tr 1  Address  Longward Fl 32750  City/State and Zip Code  Summit. Jason & Yahoo. com  E-mail address: (to be used for future annual report notification)	
Dranwerk Capital LLC Firm/Company  1865 Lucky Tr 1  Address  Longward F1 32750  City/State and Zip Code  Summit. Jasun & Yahoo. com  E-mail address: (to be used for future annual report notification)	nce concerning this matter to the following:
Longwell Fl 32750  City/State and Zip Code  Summit. Jasun & Yahoo. Com  E-mail address: (to be used for future annual report notification)	Jason Thompson Name of Person
City/State and Zip Code  Summit. Jasun @ 44400. Com  E-mail address: (to be used for future annual report notification)	Dreamwork Capital LLC Firm/Company
' ': ',	1865 Lucky Trl
' ': ,	Longwood Fl 32750
' ': ',	Summit Jason e 44400. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  JGS01 Thempsch  Name of Person  at (407) 683 - 3542  Area Code Daytime Telephone Number	rson at (407) 683 - 35 42 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	ollowing amount:
(additional copy is enclosed) Certified Copy	Certificate of Status Certified Copy Certificate of Status &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	retion Registration Section porations Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dream Works	Capital LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it how appears on our records.) Ciability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\_L2000093563$	were filed on 03 31 202	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	hity 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)		(Tail)
Trincipal office address (1000 1 1017 1 0 1 1012)	40	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	27
muning duaress may be a rost of the boay		,31,
		<u> </u>
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
agen and the new registered offer address never		
Name of New Registered Agent:		<del></del>
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	-
	Enter Florida street address	
	, Florida	Zip Code
		·- r - · ·

## 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 Changing 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>	<u>Name</u>		Type of Action
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fective date, if other than the date of filing	g: 08/13	3/24	(optional)	
n effective date is listed, the date must be specific and te: If the date inserted in this block does not n	I cannot be prior to o		1313 1 0 000	Pursuant to 605.02
cument's effective date on the Department of S	state's records.	e statutory trining req	uncinents, this date v	viii not be listed :
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ecord specifies a delayed effective date, but not is filed.	an effective time.	, at 12:01 a.m. on the	e earlier of: (b) The	90th day after th
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ted August 13	2024			
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Filing Fee: \$25.00