L20000129049

(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Feel Good	Trees LLC. Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rafael Artigas	Name of Person	
	Feel Good trees LLC	Firm/Company	
	10471 Conduction Channel	>- A 104	
	10471 Sanderling Shores I	Address	
	Tampa, Florida 33619		
		City/State and Zip Code	
	artigasinvestments@gmail.c E-mail address: (om to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Dafini Artino		/ 794 \ \$21,1520	
Rafael Artigas Name o	of Person	at (786) 521-1529 Area Code Daytime	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	□ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration !	Section	Registration Sect	tion

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

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

Feel Good Trees LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.	
The Articles of Organization for this Limited Liability Company	were filed on <u>05/12/2020</u>	and assigned
Florida document number <u>L20000129049</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Dreamworld LLC		<u></u>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10471 Sanderling Shores Dr	
(Principal office address MUST BE A STREET ADDRESS)	Apt 104	
	Tampa, FL 33619	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the p	ame of the new registered
agent among the new registered office address here.		
Name of New Registered Agent:		
		,
New Registered Office Address:	Enter Florida street address	
	, Flo ri da	
	, 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 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:

or removed from our records:	
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		□Change	
			□Add
		□Remove	
			□ Change
	**************************************		□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(Ifan ei <u>Note:</u>	ive date, if other than the date of filing: [ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
e reco ord is f	rd 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 led.
Dated	June 22nd , 2021 .
	factily.
	Signature of a member or authorized representative of a member
	Rafael Artigas Typed or printed name of signee

Filing Fee: \$25.00