Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
10.	Division of Corporations		
	Fax Number : (850)617-6383		
From:			r.
	Account Name : PARASEC		
	Account Number : I20180000086		3
	Phone : (916)576-7000 Fax Number : (800)603-5868		
∓*Enter an	the email address for this business entity a nual report mailings. Enter only one email a	ddress pl	ease.**
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Electronic Filing Menu

Corporate Filing Menu

Help



To: 18506176383 From: 19165767051 Date: 12/15/20 Time: 12:41 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A BIG DREAM LLC		
(<u>Name of the Limited Lia</u> (A Flo	pility Company as it now appears on our rida Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Linking	Comment of the comment	, , ,	
The Articles of Organization for this Limited Liability	/ Company were filed on <u>09/04/2020</u>	and assigned	
Florida document number <u>L20000277552</u>	·		
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited 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 AD	DRESS)		
		· - P	
		- /1	
Enter new mailing address, if applicable:		<u>, 'U</u>	
Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
		-	
3. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our rec ldress here:	ords, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, 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

· · · To: 18506176383 From: 19165767051 Date: 12/15/20 Time: 12:41 PM Page: 03/04

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

Title	Name	Address	Type of Action
AMBR	Susan Wakesho Ngondo	127 S. Bahama Ave	□ Add
		Marco Island, FL 34145	□ Remove
			⊠ Change
AMBR	Peter Ojala Zarate	127 S. Bahama Ave	Add
		Marco Island, FL 34145	☐ Remove
			्रनेह्य Change
			Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			П Remove
			☐ Change
			☐ Add
			□ Remove
			□ Change

D.	2. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
	We're doing an amendment to add the middle names for both members					
		,				
	±					
		స్త				
		<i>:</i> ,				
E.	Effective date, if other than the date of filing: (optional)	ros 0309 (3.4)				
	(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs Note: If the date inscreed in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the				
	the record specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on t). The 90th day after the record is filed.	he earlier of:				
	Dated December 14 2020					
	(Fry) VCD) en					
	Signature of a member or authorized representative of a member					
	Susan Ngondo Typed or printed name of signee					
	- NATA OF BUILDED CONTROL OF BEGINDE					

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Filing Fee: \$25.00