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H230002912053ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REAL DREAMS USA LLC  
Account Number : 120220000065  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LOTOFFANS LLC

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DIVISION OF CORPORATIONS  
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TELEFAX

AUG 23 2023

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LOTOFFANS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/22/2020 and assigned  
Florida document number 1.20000298889.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	ARGANARAZ, GUSTAVO	6067 HOLLYWOOD BLVD	<input type="checkbox"/> Add
		STE 207 OF 17	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Change
AMBR	MIGUEL, LUIS ALBERTO	6067 HOLLYWOOD BLVD	<input type="checkbox"/> Add
		STE 207 OF 17	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Change
AMBR	CANDELA BOOTH, CYNTHIA MARIA	6067 HOLLYWOOD BLVD	<input type="checkbox"/> Add
		STE 207 OF 17	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Change
MGR	MIGUEL, LUIS ALBERTO	6067 HOLLYWOOD BLVD	<input checked="" type="checkbox"/> Add
		STE 207 OF 17	<input type="checkbox"/> Remove
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Change
MGR	BOOTH, CYNTHIA	6067 HOLLYWOOD BLVD	<input checked="" type="checkbox"/> Add
		STE 207 OF 17	<input type="checkbox"/> Remove
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 22TH 2023

Signature of a member or authorized representative of a member

LUIS ALBERTO MIGUEL

Typed or printed name of signee

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**Filing Fee: \$25.00**