

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L2000098889

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

From:
 Account Name : REAL DREAMS USA LLC
 Account Number : 120220000065
 Phone : (786)420-1297
 Fax Number : (786)226-0501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@realdreams-usa.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LOTOFFANS LLC**

| | |
|-----------------------|---------|
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2023 AUG 22 AM 11:33

DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2023 AUG 22 AM 11:03

T. LEAN FOX

AUG 23 2023

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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)

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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 OF17 | <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 OF17 | <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 OF17 | <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 OF17 | <input type="checkbox"/> Remove |
| | | HOLLYWOOD, FL 33024 | <input type="checkbox"/> Change |
| MGR | BOOTH, CYNTHIA | 6067 HOLLYWOOD BLVD | <input checked="" type="checkbox"/> Add |
| | | STE 207 OF17 | <input type="checkbox"/> Remove |
| | | HOLLYWOOD, FL 33024 | <input type="checkbox"/> Change |

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