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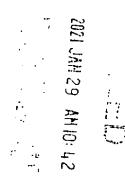
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## **COVER LETTER**

TO: Registration S Division of Co					
Seawall &	All, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles o	Amendment and fec(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	Dina Hampton				
	Name of Person				
	Elite Office Services of O	keechobee, LLC			
	Firm/Company				
	1210 SW 2nd Ave				
	<del></del>	Address			
	Okeechobee, FL 34974				
		City/State and Zip Code	<del></del>		
	dina@eliteofficeserviceslle				
For further information c	n-man address: ( concerning this matter, please c	to be used for future annual report not all:	ification)		
Dina Hampton		863 467-5900 at ()			
Name of Person		Area Code Daytin	ne 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2021 JAN 29 AM 10: 42

Seawall & All, LLC

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

		The second second
The Articles of Organization for this Limited Liability	Company were filed on $\frac{9/25/20}{}$	and assigned
Florida document number 1.20000303234		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
American Dream's Construction, LLC		
The new name must be distinguishable and contain the words "Li	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 ADD	ORESS)	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here:		ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lince From the Sover than ess	
	, Flor	: d.,
	City	iua Zip Code

Thereby 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>	Address 2021 JAH 29	Type of Action	
			. C 244	
			□Remove	
			□ Change	
			□Add	
		·	□Remove	
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Typed or printed name of signee