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:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REAL DREAMS USA LLC

Account Number : I20220000065 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.

info@realdreams-usa.com Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GUFRI, LLC**

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

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GUFRI LLC		•
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/14/2020	and assigned
Florida document number L20000314989		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	6 22
-		<u> </u>
	<u> </u>	
Enter new mailing address, if applicable:		- 1
., .,		-U C
(Mailing address MAY BE A POST OFFICE BOX)		- ့ ယ ွ
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ALEJANDRO FRINO	6067 HOLLYWOOD BLVD SUITE 207 #4	≣Add
		HOLLYWOOD, Fl. 33024	□Remove
			□Change
MGR	GUZZI, FRANCISCO	6067 HOLLYWOOD BLVD SUITE 207 #4	□Add
		HOLLYWOOD, FL 33024	≅Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		🗆 Add
			URemove
			☐ Change
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			□Remove
			Change
			□Add
			П сто ve
			□Change

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(((H23000049320 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (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.) Pursuant to 605.0207 (3)(b) 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 _ 2023 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

FRANCISCO GUZZI

Typed or printed name of signee