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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

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Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SWISS CBD LLC

Certificate of Status	0
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Page Count	04
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MAR - 2021

M. SOLOMON

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWISS CBD LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability C	and assigned		
Florida document number L20000347447	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
DREAM USA GROUP LLC			
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	021	
The partition of the same of t			
Enter new mailing address, if applicable:		11: ==	
(Mailing address MAY BE A POST OFFICE BOX)		200	
muning address sixt be a tost of the boxy		<u> </u>	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>ente</u> ress <u>here</u> :	r the name of the nev	
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

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	Type of Action
			☐ Remove
	<u></u>		
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E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	c does not mee	et the applicab	date of filing or ole statutory fi	more than 90 day ling requiremen	(optional) is after filing.) Purs is, this date will i	suant to 605, not be liste	0207 (3)(d as the)]
If the record specifies a delayed e (b) The 90th day after the record	ffective dat d is filed.	te, but not	an effective	e time, at 12	:01 a.m. on t	he earlie	er of:	
Dated 3/06	·	2021	_ ·					
R: Lung Park	gnature of a me	mber or author	ized representat	ive of a member				
Riley Park								
11109 1 2111	Т	yped or printed	name of signee					

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