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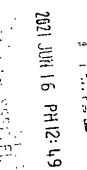
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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: DCe	am Chasecon Name of Limi	3 Hawlie LL ted Liability Company	<u>.C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	E'Tavious	J. Jone S	
	Dream Chas	SECS haulies Firm/Company	LL(_
	505 Pohokee	Cicle	
	Parslue	FI 3347	6
•	Dream Chase	(3 hauling 501 (	@ Ang. I .Com
For further information e	oncerning this matter, please ca		
<u>Jaceen Name o</u>	Person	at $50$ Area Code Daytime	8433 Telephone Number
Enclosed is a check for th	ne 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)

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability (Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200 00 375668</u>	0.1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PH 22:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	<b>19</b>
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 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

Title	<u>Name</u>	Address	Type of Action
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		505 Pahokee Circle Pahokee Fl. 334-76	<b>⊠</b> Remove
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	- name	Signature of a	i member <del>or a</del> u	thorized represe	intative of a men	nber		