## 120000382874

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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03/19/21--01011--030 \*\*60.00

## COVER LETTER

Name of Limited Liability Company							
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Melinda Cline						
		Name of Person					
	DreamFarms LLC						
		Firm Company					
	4940 Stafford Dr						
		Address					
	Melbourne, Fl 32934						
	-	City/State and Zip Code	<del> </del>				
	info@dreamfarmshemp.com	n to be used for future annual report notif	·				
For further information	concerning this matter, please of	·	Kanony				
Melinda cline		321 863-1967					
Name	of Person	at () Area Code Daytime	: Telephone Number				
Enclosed is a check for	the following amount:						
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed				

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

TO:

Registration Section Division of Corporations

> 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	ins as It now appears on our r Liability Company)	'ccords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{120000382874}{1000000000000000000000000000000000000$	were tiled on December 0	8, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Dream Farms of Florida, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	674 N Wiekham Rd	
Principal office address MUST BE A STREET ADDRESS)	Melbourne, Fl 32935	
Enter new mailing address, if applicable:	4940 Stafford Dr	
Mailing address MAY BE A POST OFFICE BOX <sub>I</sub>	Melbourne, Fl 32934	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records. <u>c</u>	enter the name of the new register
THE OF FEW REGISTER AREIN.		
New Registered Office Address:	Enter Florida street (	address
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent;

DreamFarms LLC

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
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
		,	TALL All ASSES
			AR hange 19 Add 4: 0 Rednove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

Filing Fee: \$25.00