hal DUDUDZHOUS

(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



800387440278

05/10/22-+01018--025 **25.80

22 HAY 10 PH 3: 18

T. MATTHEWS

JUL -7 2022

COVER LETTER

TO: Registration : Division of C			
COLUMN FUNCTION	EE HOUSE DREAMING LLC		
	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub condence concerning this matter		
	Enrico Anders		
		Name of Person	
	Supra Tax LLC		
		Firm/Company	
	6236 Kingspointe Pkwy, S	ite 1	
		Address	
	Orlando, FL 32819		
	Position CO	City/State and Zip Code	
	Business@supratax.com E-mail address: (0	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca		,
Enrico Anders		407 890-1096 at ()	
Name (of Person	Area Code Daytime	e 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
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 SECRETARY OF STATE OF OLVISION OF CORPORATIONS

22 MAY 10 PM 3: 18

USA TREE HOUSE DREAMING LLC

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

The Articles of Organization for this Limited	Liability Company v	were filed on $\frac{01/26/20}{}$)21	and assigned
Florida document number L21000024008	·			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			 -	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	F ROX)	-		
	<u> </u>	<u> </u>		 .
			-	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ad	ldress on our record	s, <u>enter the name</u>	of the new registered
				•
Name of New Registered Agent:	Supra Tax LLC			
New Registered Office Address:	6236 Kingspointe	Pkwy, Ste I		
The state of the s		Enter Florida stre	et address	
	Orlando		Florida ³²⁸¹	9
		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 =	Мападег
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ B.,,,,,,,,,

				-		
				·		
				- -		
			 			
		<u> </u>		<u>=</u>		.
-						
			 			
			-			
			<u>-</u>	·		
						
 	<u> </u>			-		
			<u> </u>			
-		-,.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Effective date, if other than the offective date is listed, the date municipal of the date inserted in this bedocument's effective date on the I	lock does no	of meet the ap	plicable statutoi	ng or more than 90 ry filing requirer	(optional) days after filing ments, this date) 2.) Pursuant to 605.02 2 will not be listed
e record specifies a delayed effecti rd is filed.	ve date, but (not an effectiv	e time, at 12:0	l a.m. on the ear	lier of: (b) T	he 90th day after th
		2022				
		_,	·			
		_,				
Dated 4th of May	mucra Signature of	_,	uthorized represe	entative of a memb	ост	