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TO:

ΓΟ: Registration Se Division of Cor				
Dreamwork	s Investing Group, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspo	ondence concerning this matter	to the following:		
	Bryant Scott			
		Name of Person		
	Dreamworks Investing Great	oup, LLC		
		Firm/Company	 	
	5629 sw 18th st			
		Address		
	West Park, FL 33023			
		City/State and Zip Code		
	bryantgscott.realtor@gmail			
or further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notified.	lication)	
	oncerning this matter, preuse e			
Bryant Scott		754 2813608 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
nclosed is a check for the	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)	
Mailing Addres		Street Address;		
Registration Section Division of Corporations		Registration Sec Division of Cor		
P.O. Box 6327		The Centre of T	allahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dreamworks Investing Group ししこ			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our reco d Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/29/2021	and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L	.L.C" or the abbreviation "L.L.C,"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		SECRE JUN	
		JUN 12	
Enter new mailing address, if applicable:		SSS N	
Mailing address MAY BE A POST OFFICE BOX)			
		<i></i> ω [-]	
		<u> </u>	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new registe	
Name of New Registered Agent:		1	
<u> </u>			
New Registered Office Address:	Enter Florida street ada	lress	
	 City	FloridaZip Code	
New Registered Agent's Signature, if changing Registered Agen	nt:		
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and compleaccept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	te performance of my duties, s provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is	

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
MGR	Monica Scott- Burrows	5629 Sw 18th St	≣Add
		West Park, FL 33023	□Remové
			□ Change
MGR	JahMeela Samuel	4775 NW 169TH ST	■Add
		Miami Gardens, FL 33055	□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□ Change
			□Remove
			Change
			□Remove
			Change
			□Add
			Remove
			□Change