## h210000 64976

(Red	uestor's Name)	
(Add	lress)	. <u>-</u> <u>-</u>
(Ādd	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	





900364892289

04/26/21--01010--027 \*\*25.00

Edward S Hand Jr 54082 Marlee Road Callahan FL 32011

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee Florida 32314

23 April 2021

RE: LLC Name Change

Sirs:

Please find attached to this letter the Cover Letter and Articles of Amendment to Articles of Organization of Lone Wold Project LLC Document Number: L21000064976.

I am requesting the name change to: Dream Starterus LLC.

Kindest Regards.

Edward S Hand Jr

Managing Partner

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LoneWolf Project lle		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	i <mark>nv as it now appears on our records.</mark> Liability Company)	}
The Articles of Organization for this Limited Liability Company lorida document number	were filed on 8. February 2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Dream Startus IIe		
he 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:	54082 Marlee Road	
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		<del></del> :
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:  New Registered Office Address:		enter the name of the
	Enter v torida street address	
	, Flor	rida 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
			Change
			Add
			□ Remove
	, <u></u>		. : Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
		·	☐ Change
			Add
			☐ Remove
			Change

			<u>.</u>
<del></del>		<del></del>	
			<del> </del>
			· · · · · · · · · · · · · · · · · · ·
ective date, if other than	the date of filing:		(optional) 90 days after filing.) Pursuant to 605.0
te: If the date inserted in th		licable statutory filing requir	rements, this date will not be listed
record specifies a dela he 90th day after the		not an effective time, a	at 12:01 a.m. on the earlier
23 April ed	2021		
		<u> </u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00