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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DGG	ddvis Dream	Rides ILC	
306JEC1	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Alexande	OV D. Castilla)
	Daddys	Dream Rides L	IC
	1055 A	rWnUL C	
	- Big Pin	ELL FL332C	×43
	<u>daddy</u> E-mail address (t	dreamrides @ co to be used for future annual report notion	anail.Com
For further information ed	oncerning this matter, please ca	all:	
Alexanda Name of	y Castillo Person	at (<u>305)</u> <u>988 - D</u> Area Code Daytim	201 e Telephone Number
Enclosed is a check for th	e 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 S Division of Co	Section	<u>Street Address:</u> Registration See Division of Cor	
P.O. Box 632		The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ream Rides, LLC	
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L210001440		and assigned
This amendment is submitted to amend the following:	:	2021 A
A. If amending name, enter the new name of the li	mited liability company here:	PR 12
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation VL.L.C.7
Enter new principal offices address, if applicable:	<u> </u>	FLGE: 1
(Principal office address MUST BE A STREET ADI	rame, enter the new name of the limited liability company here: Company Company	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	
	. Florid	a
_	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	David Wyckoff	4509 Nightland Drive	🗆 Add
J		Plano, Tx 75024	ERemove
			□ Change
Mgr	Kevin Smith.	1055 Awnue C	ī ⊋∕Ádd
		Big Pire Key Fl. 320	4B _{IRemove}
			□Change
Mgr	Monica Castillo	1055 AWONUP C	WAdd
		Big Pino Key F1.3304	B □Remove
		<u> </u>	□Change
		ALLAJAS:	Add
			Change 2021 APR Remove
		LORD)	Remove
			□ Add
			□Remove
			□Change
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f the record specifies a coord is filed.	delayed effective date	e, but not an effe	ective time, at 12	:01 a.m. on the ea	rlier of: (b)	The 90th c	lay after	the
		·						
Dated		Luo C	5440	esentative of a mem				

Filing Fee: \$25.00