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TO: Registration Se Division of Cor			
	APITAL LLC		
SUBJECT: Name of Limited Liability Company			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CHRISTOPHER EUGENE	<u> </u>	
		Name of Person	
	C. EUGENE ENTERPRI	ISES, LLC	
		Firm/Company	
	601 BRICKELL KEY D	DRIVE SUITE 700	
	· · · · · · · · · · · · · · · · · · ·	Address	
	MIAMI, FL 33131		20
	MRCHRISEUGENE@GMAI	City/State and Zip Code	2024 HAR -1
	E-mail address: (to be used for future annual report notification	<u>m)</u>
For further information c	oncerning this matter, please ca	all:	0
CHRISTOPHER EUGEN	NE	305 542-0195	1.1c
Name o	f Person	at () Area Code Daytime Tele	ephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACHOR CAPITAL LLC	<u></u>
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Clorida document number	03/18/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
THE DREAM CHASERS GROUP LLC	
he new name must be distinguishable and contain the words "Limited Liability Company."	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	202
Enter new mailing address, if applicable:	26 E
Mailing address MAY BE A POST OFFICE BOX)	
	<u>-</u>
	· · ·
3. If amending the registered agent and/or registered office address on	our records, enter the name of the new regist
gent and/or the new registered office address here:	- 59 59
	100
Name of New Registered Agent:	
N. D. Sand Office Allege	
New Registered Office Address:	er Florida street address
	P4
City	Florida 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.

DocuSign Envelope ID: 23B4D80C-470B-4C2F-B076-33043AF75C26 in amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGRM	CM EUGENE ENTERPRISES LLC	601 BRICKELL KEY DRIVE SUITE 700	⊠Add
		MIAMI, FL 33131	
			□Remove
			□Change
MGRM	C. EUGENE ENTERPRISES, LLC	601 BRICKELL KEY DRIVE SUITE 700	□Add
		MIAMI, FL 33131	🗆 🗸 🗖
		MIAMI, FC 33131	⊠Remove
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fective date, if other than the methective date is listed, the date mote: If the date inserted in this becoment's effective date on the I	plock does not meet the ap	plicable s	e of filing or more than statutory filing requir	(optio 90 days after t ements, this	nal) iling.) Pursu	ant to 605.020
record specifies a delayed effecti is filed.	ve date, but not an effecti	ve time, a	t 12:01 a.m. on the e	arlier of: (b)	The 90th	day after the
MARCH 1	2024					
ited	·	·	DocuSigned by:			
			Christopher Eu	zene		

Filing Fee: \$25.00