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## **COVER LETTER**

Div	rision of Cor	porations	:	
eum iret.	3MCBA LI	.c	,	
SUBJECT:		_		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	i all correspo	ondence concerning this matter	to the following:	
		Gustavo Arganaraz		
	<del></del>			
		Real Dreams Usa		
		850 NE 3RD Street Suite	107A	
	Address			
		Dania Beach, Florida, 330	04	
		info@realdreams-usa.com		
		E-mail address: (	to be used for future annual report notification)	
For further i	nformation c	oncerning this matter, please c	all:	
Gustavo Arț	ganaraz		786 4201297	2021 SEC TA
	Name o	f Person	Area Code Daytime Telephone Nu	2021 AUG -3
Enclosed is	a check for th	ne following amount:		3 PH
<b>■</b> \$25.00 i	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Certified Copy	00 Filing Fee, ↔ ificate of Status & ified Copy tional copy is enclosed)

TO:

**Registration Section** 

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 OF

3MCBA LLC		
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records Limited Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/31/2021	and assigned
Florida document number 1.21000150994	_•	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC"	
Inter new principal offices address, if applicable:		2021 380 Ta
Principal office address MUST BE A STREET ADDRE	ESS)	
		1 to 1
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		# <del>8</del>
. If amending the registered agent and/or registered elent and/or the new registered office address here:	office address on our records, <u>enter t</u> l	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	Flor	
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Matias Torrent	842 Briar Ridge Rd, Weston, Fl 33327	
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			□Remove
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be price.			nan 90 days afte			
te: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record		tory filing rec	quirements, thi	s date will	not be	listed as
ecord specifies a delayed effective date, but not an effective is filed.	time, at 12	:01 a.m. on th	e earlier of: (l	1) The 90	th day a	fter the
ted 3 August , 2021		1				
NIL	/					

Typed or printed name of signee