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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

Tallahassee, FL 32314

| | Registration S Division of Co | | | |
|-----------------|---|--|--|---|
| SHDIEC | | KETT LLC | | |
| SUBJEC | ·1: | Name of Lin | nited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | Gustavo Arganaraz | | |
| | | | Name of Person | 18 |
| | | Real Dreams USA | | |
| | | | Firm/Company | |
| | | 850 NE 3Rd Street Suite 1 | 07A | |
| | | | Address | |
| | | Dania Beach, FL, 33004 | | |
| | | | City/State and Zip Code | |
| | | info@realdreams-usa.com | to be used for future annual report n | |
| For furthe | er information c | oncerning this matter, please co | ` | ouneation) |
| Gustavo A | Arganaraz | | 786 4201297 | |
| | Name o | f Person | at () Area Code Dayt | ime Telephone Number |
| Enclosed: | is a check for th | ne following amount: | | |
| ■ \$25.0 | 0 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) |
| R II | Mailing Addres Registration S Division of C P.O. Box 632 | Section orporations | Street Address: Registration S Division of Co The Centre of | orporations |

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TFC PARKETT LLC | |
|---|--|
| (Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company) | rs on our records.) |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ | 4/02/2021 and assigned |
| lorida document number L21000153236 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liability company h</u> | ere: |
| The 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) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | 199 |
| | <u> </u> |
| | 15.2 |
| B. If amending the registered agent and/or registered office address on our | records, enter the name of the new registe |
| gent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Flo | orida street address |
| | . Florida |
| 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 | ARGANARAZ, GUSTAVO | 15751 SHERIDAN STREET, SUITE 209 | ■Add |
| | | SOUTHWEST RANCHES, FL 33331 | □Remove |
| | | | Change |
| AMBR | POSTOL, MARIANO | 15751 SHERIDAN STREET, SUITE 209 | □Add |
| | | SOUTHWEST RANCHES, FL 33331 | □Remove |
| | | | = Change |
| AMBR | SOUBELET, GASTON | 15751 SHERIDAN STREET, SUITE 209 | = Add |
| | | SOUTHWEST RANCHES, FL 33331 | □Remove |
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| fective date, if | inserted in this block | ate of filing: e specific and cannot be k does not meet the a artment of State's re- | applicable statutory f | (option or more than 90 days after thing requirements, this | onal) filing.) Pursuant to 605.020' date will not be listed as |
| ote: If the date | c date on the Depa | | | | |
| ote: If the date ocument's effect record specifies. | | late, but not an effec | tive time, at 12:01 a. | m. on the earlier of: (b) | The 90th day after the |
| ote: If the date ocument's effect | a delayed effective d | late, but not an effec | etive time, at 12:01 a. | m. on the earlier of: (b) | The 90th day after the |
| ote: If the date beament's effect record specifies is filed. | a delayed effective d | . 2021 | authbrind geprocenta |) | The 90th day after the |

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