Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PARASEC
Account Number : I20180000086
Phone : (916)576-7000
Fax Number : (800)603-5868

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RLOPS@

RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DREAM MONEY LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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ARTICLES OF O	RGANIZATION	
OF	٦	
		The state of the s
DREAM MONEY LLC		Ø,
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records,) ability Company)	Mary Commons
The Articles of Organization for this Limited Liability Company v	vere filed on04/14/2021	and assigned
Florida document number <u>L21000173657</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "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)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the nam	e of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
4.50 Augusten States (Males).	Enter Florida street address	<del></del>
	[21 · 1	
	, 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.

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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
AMBR	Luis Fernando Chavez	2822 Gypsy St	\( \overline{\sum} \) Add
		Sarasota, FL, 34231	□Remove
			Change
			Remove
			Change
			□Add
		<u></u>	□Remove
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(If an effective	date is listed, the date	the date of filing must be specific and	cannot be prior to	date of filing or more	optioi (optioi than 90 days after f	nal) ding ) Pursuant to 605.0207 (
Note: II the		is block does not more Department of St		le statutory filing i	equirements, this	date will not be listed as t
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document's	rifies a delayed effe	ective date, but not a				
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