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## **COVER LETTER**

	stration Sg sion of Cor		•	
		, F JOY AND DREAMS, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return :	all correspo	ondence concerning this matter	to the following:	
		Patrick Collins		
		•	Name of Person	-
		HOUSE OF JOY AND DI	REAMS, LLC	
			Firm/Company	<del></del>
		3841 Pompano Dr SE		
			Address	
		Saint Petersburg, Florida 3	33705	
			City/State and Zip Code	
		houseofjoyanddreams@gm		
		E-mail address: (	to be used for future annual report no	otification)
For further int	formation c	oncerning this matter, please c	all:	
Patrick Collin	ıs		404 8250981	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling 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)
	ing Addres		<u>Street Address:</u> Registration S	ection
Divi	sion of C	Corporations	Division of Co	orporations
	. Box 632 ahassec. I	:7 FL 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HOUSE OF JOY AND DREAMS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000182069}{1.21000182069}$	were filed on April 20, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	ne 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the r</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida , 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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

2022 MAY 10 AM 6:58

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jon Patrick Cooper	195 14th St NE, Atlanta, GA 30309	<b>⊒</b> Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			🗆 Add
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			Change
			□ Add
			□Remove
			□Change
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			□Remove

. It amending any other intor	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A-NO Changes 282+therin HAUSE
	all ing AMIR- Jon Cooper
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Effective date, if other than the (If an effective date is listed, the date) Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 block does not meet the applicable statutory filing requirements, this date will not be listed as
he record specifies a delayed effectord is filed.	tive date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the
DatedApril 28	2021
	1/
	Signature of a member or authorized representative of a member
n	
Patrick Collins	Typed or printed name of signee

Filing Fee: \$25.00