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| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Registration Section

| on of Cor | porations | | |
|-------------|---|---|--|
| PRICEL | ESS DREAMS ENTERPR | ISE, LLC | |
| - | Name of Lim | ited Liability Company | |
| articles of | Amendment and fee(s) are sub | mitted for filing | |
| | | _ | |
| ii correspo | ndence concerning this matter | to the following: | |
| | EVELYNE MILLE | ER | |
| | ,,,,,, | Name of Person | |
| | | Firm/Company | |
| | | 9412 NW 39th St | |
| | · · · · · · · · · · · · · · · · · · · | Address | |
| | | SUNRISE, FL 33351 | |
| | | City/State and Zip Code | |
| | | = = | |
| | E-mail address: (| to be used for future annual report no | otification) |
| | • | all: | |
| YNE MI | LLER | 954 562-8265 | 5 |
| Name o | f Person | | me Telephone Number |
| heck for th | ne following amount: | | |
| ng Fee | | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| stration S | Section orporations | Street Address: Registration S Division of Co | orporations |
| | | | Tallahassee oc Street, Suite 810 |
| | ormation of LyNE MI Name of the lang Fee Stration Stration of C Box 632 | Name of Limitations of Amendment and fee(s) are substituted and fee(s) are | PRICELESS DREAMS ENTERPRISE, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: EVELYNE MILLER Name of Person Firm/Company 9412 NW 39th St Address SUNRISE, FL 33351 City/State and Zip Code eveproservices@gmail.com E-mail address: (to be used for future annual report no permation concerning this matter, please call: LYNE MILLER 954 562-8263 Name of Person Area Code Daytic certified Copy (additional copy is enclosed) The Certific Copy (addition Section Section Group of Company Control of Copy (addition Section Section Section Group of Control of Copy Control of Copy (addition Section Section Section Group of Control of Comporations Section The Centre of The C |

Tallahassee, FL 32303

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

PRICELESS DREAMS ENTERPRISE, LLC

company has been notified in writing of this change.

EIN-86-3579778

| (A Florida Limited L | hability Company |) | | |
|--|--|-------------------------------------|----------------------------------|----------------------|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on _ | 4/21/2021 | an | d assigned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi EVE PRO SERVICES, LLC | lity company l | <u>here</u> : | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the | designation "LLC" of | or the abbreviation | n "L.L.C." |
| Enter new principal offices address, if applicable: | 9412 NW | 39th ST | | |
| (Principal office address MUST BE A STREET ADDRESS) | SUNRISE, | FL 33351 | SEC 2023 | |
| | | | #100 M | 77 |
| | • | | | |
| Enter new mailing address, if applicable: | | | Saily o | |
| | | | | . 11 |
| (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: | ddress on our | records, <u>enter th</u> | e name of the | now register |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Fl | orida street address | <u>-</u> / | • |
| | | , Flor | ida | |
| | City | , | idaZip C | ode |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of | perfo <mark>rm</mark> ance o rov <mark>ided</mark> for in | f my duties, and Chapter 605, F. | I am familia S. Or, if this a | with and locument is |

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 |
|--------------|-------------|-------------|----------------|
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| n effec <u>te:</u> If | e date, if other than the date of filing: |
| ecord is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). |
| ed F | ebruary 24 2023 |
| | Signature of a member or fauthorized representative of a member |
| | EVELYNE MILLER |