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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : REAL DREAMS USA LLC

Account Number : 120220000065 Phone : (786)420-1297 Fax Number : (786)226-0501

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

Email Address: info@realdreams-usa.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RASGAN, LLC

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## ARTICLES OF AMENDMENT TO OF

ARTICLES OF ORGANIZATION

RASGAN LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/13/2021 and assigned Florida document number L21000212275 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_ City

## 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
MGR	MONTERO, MARIA LAURA	6067 HOLLYWOOD BLVD	□Add
		STE 207 OF39	≣Remove
		HOLLYWOOD, FL 33024	□Change
AMBR	MONTERO, MARIA JULIA	6067 HOLLYWOOD BLVD	
		STE 207 OF39	Remove
		HOLLYWOOD, FL 33024	□Change
MGR	RODRIGUEZ, MARIA ELENA	6067 HOLLYWOOD BLVD	—————————————————————————————————————
		STE 207 OF39	LRemove
		HOLLYWOOD, FI. 33024	Change
			□Add
			□Remove
			☐Change
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		<del> </del>	□Remove
			☐ Change

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). If amending any other information	tion, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other than the	date of filing: (optional)
(If an effective date is listed, the date must	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed a spartment of State's records.
	•
he record 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
ord is filed.	ade. but not an effective time, at 12.01 a.m. on the earner of, (b) The boll day after the
Dated APRIL 15TH	2023
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	MARIA ELENA RODRIGUEZ
	Typed or printed name of signee