May 23, 2022-14:32 (UTC-04)

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Division of Corporations

Fax Number

: (850)617-6383

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. **

info@realdreams-usa.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ROFFT USA LLC**

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May*23, 2022 14:32 (UTC-04)

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company it in ow appears on our testeds) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/24/2021 and assigned Florida document number L21000240123 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 "LLC." Enter new principal offices address, if applicable: (Principal office oddress 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 Agent: New Registered Office Address: Enter Florida street address New Registered Office Address: Enter Florida street address New Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with it 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 agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the 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 agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered agent and office address. I hereby confirm that the limited liability company has been notified in writing of this change. | ROFFT USA LLC | | |
|--|---|--|---------------------------------------|
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Hability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Agent: New Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 us registered agent as provided for in Chapter 603, F.S. Or, if this document is being filed to merely reflect a change in the registered affice address. I hereby confirm that the limited liability company has been notified in writing of this change. | (Name of the Limited | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
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| 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. | agent and/or the new registered office address | | e of the new registered |
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| If Changing Registered Agent, Signature of New Registered Agent | provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r | r and complete performance of my duties, and I am j tered agent as provided for in Chapter 605, F.S. Or, egistered office address, I hereby confirm that the lii | familiar with and if this document is |
| If Changing Registered Agent, Signature of New Registered Agent | | | |
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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: or removed from our records:

MGR = Manager

May 23, 2022 14:32 (UTC-04)

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|--------------------|------------------------------|----------------|
| MGR | ROCCA, ELIANA P | 1110 BRICKELL AVE | □ Add |
| | | SUITE 430 | ≣Remove |
| | | MIAMI, FL 33131 | Change |
| MGR | ARGANARAZ, GUSTAVO | 850 NE 3RD STREET SUITE 107A | |
| | | DANIA BEACH, FL 33004 | □Remove |
| | | | Change |
| | | | □ Add |
| | | | []Remove |
| | | | Change |
| | | | [] Add |
| | | | □Remove |
| | | | ☐ Change |
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| mending any other information, enter change(| (s) here: (Attach additional sheets, if necessary.) |
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| fective date, if other than the date of filing: meffective date is listed, the date must be specific and cannotote: If the date inserted in this block does not meet the current's effective date on the Department of State's | (optional) It be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0 ne applicable statutory filing requirements, this date will not be listed records. |
| record specifies a delayed effective date, but not an eff is filed. | fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| 23 MAY 202 | 22 |
| A | of toper |
| Signature of a member | er or authorized representative of a member |