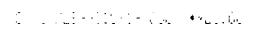
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

	JIMIST DREAMS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mark Alhadeff, Esq.		
	-	Name of Person	
	The Alhadeff Law Group,	P.L	
		Firm/Company	<del></del>
	11900 Biscayne Blvd, Suit	ec 289	
		Address	
	North Miami, Fl 33181		
	···	City/State and Zip Code	
	mark@alhadefflaw.com		<i>چ</i> ې
	E-mail address: (	to be used for future annual report notification)	
For further information e	oncerning this matter, please c	all:	7293 JUT
Mark Alhadeff, Esq.		786 6189703	ان
Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	ne following amount:		3: 30 3: 30
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S	e

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ALQUIMIST DREAMS LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our re- rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number <u>L21000260480</u>	y Company were filed on <u>06/04/2021</u>	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited 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 AD	DRESS)	
		:
		سون فق د د سي
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del>ن</del>
		<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New regimerer office ridgess.	Enter Florida street ad	dress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent;	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties l agent as provided for in Chapter 60 ered office address, I hereby confirm	s, and I am familiar with and 95, F.S. Or, if this document 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
MGR	Enrique Lopez Lecube	100 S. Saunders Road Ste 150	□Add
		Lake forest, II 60045	■Remove
			Change
MGR	Ricardo Luis Vapur	11900 Biscayne Blvd, Suite 289	□Add
		North Miami, Fi 33181	■Remove
		· · · · · · · · · · · · · · · · · · ·	
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fective date, if other than th	ust be specific and cannot be prio block does not meet the appli	r to date of filing or more than cable statutory filing requi		
	Sopulation of order of records			
cument's effective date on the I  ecord specifies a delayed effecti		ime, at 12:01 a.m. on the	earlier of: (b) The 90th	n day after the
nte: If the date inserted in this becument's effective date on the I ecord specifies a delayed effective is filed.  May 30		time, at 12:01 a.m. on the	earlier of: (b) The 90th	n day after the

Filing Fee: \$25.00