## 121000300752

(Requ	iestor's Name)	1
(Addr	ess)	
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(City/s	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busia	ness Entity Na	me)
(Docu	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer;	

Office Use Only



600374359836

11/05/21 -01030--010 \*\*25.00

21 NOV - 5 PN 4: 06

T. MATTHEWS NOV 1 5 2021

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

MONTSET	ALLA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GUSTAVO ARGANARA	Z	
		Name of Person	
	REAL DREAMS USA		
		Firm/Company	
	850 NE 3RD STREET SU	ITE 107A	
		Address	
	DANIA BEACH / FLORI	DA / 33004	
	City/State and Zip Code		
	INFO@REALDREAMS-U		
	E-mail address: (	to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
GUSTAVO ARGANAR	AZ	786 4201297 at ( )	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & .□ \$60.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed)  Certified Copy (additional copy)	f Status & py
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION : **OF**

21 HOV -5 PH 4: 06

MONTSETALLA, LLC

The Articles of Organization for this Limited	Liability Company	were filed on $\frac{06/29/26}{}$	21 and assigned
Florida document number L21000300752			
This amendment is submitted to amend the fo	llowing:		
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 Liabi	lity Company," the design	ution "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	15751 SHERIDAN S	TREET SUITE 209
(Principal office address MUST BE A STRE		SOUTHWEST RANCHES, FL 33331	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office addr	registered office :	15751 SHERIDAN S SOUTHWEST RAN address on our record	CHES. FL 33331
<del>-</del>		40.40.44.5	
Name of New Registered Agent:	REAL DREAM	AS USA LLC	<u> </u>
-		TREET SUITE 107A	<del>.</del>
Name of New Registered Agent: New Registered Office Address:			reet address
-		TREET SUITE 107A  Enter Florida st	reet address, Florida 33004 Zip Code

e 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 Changing Registered Agent, Signature of Sew Registered Agent

ach person being added

Type of Action

or remove	d from our records:	Address 21 HOV -5 PH 4: 06
MGR = AMBR =	Manager Authorized Member	PH 4: 06
<u>Title</u>	Name	Address 21 HOV - 5
MGR	TALLAVI, GUILLERMO	15751 SHERIDAN STREET SUITE 209
		SOUTHWEST RANCHES, FL 33331
MGR	CENOZ, MARIA	15751 SHERIDAN STREET SUITE 209
		SOUTHWEST RANCHES, FL 33331

	TALLAVI, GOILLERMO		
		SOUTHWEST RANCHES, FL 33331	□Remove
			□Change
MGR	CENOZ, MARIA	15751 SHERIDAN STREET SUITE 209	<b>∃</b> Add
		SOUTHWEST RANCHES, FL 33331	□Remove
			□Change
MGR	TIBER SERVICES, LLC	2434 HOLLYWOOD BLVD 2ND FL	□Add
		HOLLYWOOD, FL 33020	Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
		·	□Remove
			□Change
		<u> </u>	□Remove
			□Change

	The LLC has been assigned with the following EIN number to be registered 87-21-24604, 4: 06
	21 1111
eci n ef	tive date, if other than the date of filing: (optional) Tective 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
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cui:	nent's effective date on the Department of State's records.
	rd 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
is f	iled.
	NOVEMBER 3 2021
ted	NOVEMBER 3 2021
	( though
	Signature of a member or surrogized representative of a member

Filing Fee: \$25.00