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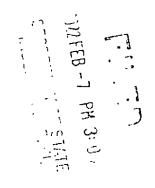
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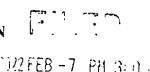
Tallahassee, FL 32314

	egistration Se vivision of Cor			
SUBJECT		AL DREAM INVESTMENTS	LLC	
SUBJECT	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırıı ail correspo	ondence concerning this matter	to the following:	
		ESMERALDA C ALVIRI	E MENDEZ	
			Name of Person	
			Firm/Company	
		7901 4TH STREET N SU	ITE 300	
			Address	
		ST PETERSBURG FLOR	IDA 33702	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further	information co	oncerning this matter, please c	all:	
			at () Area Code Daytim	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address egistration S		<u>Street Address:</u> Registration Se	ction
D	ivision of Co	orporations	Division of Cor	porations
Ρ,	O. Box 632	7	The Centre of T	Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



UNIVERSAL DREAM INVESTMENTS 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 07/06/2021 and assigned Florida document number <u>L2100030</u>9282 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: UNIVERSAL DREAMS CREDIT & INVESTMENT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7901 4TH STREET N SUITE 300 ST PETERSBURG FL 337 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: ESMERALDA C ALVIRE MENDEZ Name of New Registered Agent: 7901 4TH STREET N SUITE 300 New Registered Office Address: Enter Florida street address ST PETERSBURG

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.

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
			[] Add
			□Remove
			□Change
			□ Add
			□ Change
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Effecti	ve date, if other than the date of filing:
f an effe Note:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docum	ent's effective date on the Department of State's records.
record d is file	I 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
0 18 110	
Datad	February 2nd 1924 Signature of a member or authorized representative of a member
JC.I _	The state of the s
	Estalla Pl)
	Signature of a member or authorized representative of a member
	Esmeral da Divira Typed or printed name of signee

Filing Fee: \$25.00