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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BEST VISION ACCOUNTING

Account Number : I20150000091 Phone : (305)220-9616 Fax Number : (305)220-9617

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNE M&P DREAM BUILDERS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&P DREAM BUILDERS, LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our record Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 07/06/2021	and assigned
Florida document number L21000309631		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
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Enter new mailing address, if applicable:		T E T
(Mailing address MAY BE A POST OFFICE BOX)		7,52
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B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address.	Enter Florida street aa	ldress
		Florida
	City	Zip Code

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.

Jul. 16, 2021 2:28PM | No. 0609 F. 3 | If amending Authorized Person(s) authorized to manage, enter the title, name, and address or each person owing added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARISOL MENDOZA	10755 NW 78 TER DORAL, FL 33178 US	□Add
			Remove
			≡ Change
AMBR	PEDRO J MENDOZA	10755 NW 78 TER DORAL, FL 33178 US	□Add
			□Remove
			Change
			CRemove
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