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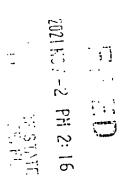
(Requestor's Name)
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A. BUTLER NOV 1 5 2021

COVER LETTER

TO:

	gistration Se vision of Cor				
(11 115 <i>117 2)</i> (17		DREAM REAL STATE LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		ANDRES GUERRA			
			Name of Person		
		AAA PROFESSIONAL S	ERVICES LLC		
			Firm/Company		
		431 E Horatio Ave. 110			
		-	Address		
		Maitland, FL 32751			
			City/State and Zip Code		
		andresguerrav@yahoo.com			
			to be used for future annual report no	meanon	
For further	information c	oncerning this matter, please ca	att:		
ANDRES	GUERRA		786 415 1299 at ()		
	Name o	f Person	Area Code Dayti	me 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 & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co	Division of Corporations		
	O. Box 632		The Centre of	Tallahassee oe Street, Suite 810	
l'a	illahassee. I	FL 32314	2415 N. WION	oc anect, auto oro	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIUM DREAM REAL STATE LLC

(Name of the Limited Liability Company as it now appears on our records.) -2 Pri 2: 16

The Articles of Organization for this Limited Li		0/2021]	and assigned
Florida document number L21000413809	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liability company here	:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	· - ·	
(Principal office address MUST BE A STREE	T ADDRESS)	 .	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and/or reagent and/or the new registered office addres		ords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	a street address	
		, 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.

. If amencing 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	GISELLA SOTO	49 SW 9 AVENUE	
		BOCA RATON FL 33486	□Remove
			□Change
			□Add
			□Remove
			Change
		 	□Add
			Change
			□Add
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ffective date, if other the an effective date is listed, the coordinate. If the date inserted in ocument's effective date or	an the date of filing: _ late must be specific and ca this block does not mee	amot be prior to date at the applicable st	of filing or more than 90 attutory filing require	(optional) I days after filing.) Pursuate ments, this date will not	nt to 605.0207 t be listed as
record specifies a delayed of is filed.	effective date, but not an	effective time, at	12:01 a.m. on the ear	flier of: (b) The 90th c	lay after the
October 25		2021			
	1/1/	1			
	Signature of a men	mber or authorized r	epresentative of a mem	her	

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