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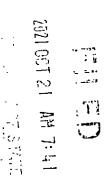
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A. BUTLER NOV 0 1 2021

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Dream Industries Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Arneashia Stephens Name of Person
Dream Industries Firm/Company
1203 Martin Lyther King Avenue
Perry 1 FL 32347 City/State and Zip Code
City/State and Zip Code Arneashia, Stephens Wyahov.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Avneashia Stephuns at (850) 850-843-6166 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$69.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
(A. 1. 1011112 STITLE	PART OF STATE
the Articles of Organization for this Limited Liability Company	y were filed on and assigned
orida document number	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited lial	bility company here:
te new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE B <u>OX</u>)	
Tuning address MAT BE A FOST OFFICE BOX	
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
,, (cg.,	Enter Florida street address
	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 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>	Name	Address	Type of Action
AP	Maion, Williams	107 EL Matador Dr	□ Add
			ZRemove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
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			□Change
			□Add
			Remove
			□(*\

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	e date, if other than the date of filing: (optional)	
	tive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
	nt's effective date on the Department of State's records.	
ecora is filea	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after d.	ine
ted _	Dctober 19th. 2021. Mnewia Statura	
	Signature of a member or authorized representative of a member	
	Arneashia Stephens Typed or printed name of signee	