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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Dream SUBJECT:	Tree Consulting LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Kenton Smith		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Dream Tree Consulting L	LC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	Code    Code
	7901 4th St. N, STE 300		
	<del></del>	Address	
	St. Petersburgk, FL 33702		
	.,	City/State and Zip Code	
	info@dreamtreeconsulting.	com	
	E-mail address:	to be used for future annual report not	dification)
For further informati	on concerning this matter, please c	all:	
Kenton Smith		404 668-4775	
Na	me of Person	<del></del> /	ne Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fo	ee □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Division of P.O. Box	on Section of Corporations	Division of Co The Centre of	rporations Fallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dream Tree Consulting LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/30/2021	and assigned
Florida document number L21000430700		
This amendment is submitted to amend the following:		
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 Liabil	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		J. (13)
		Ġ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
		ົກ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the r</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	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 th 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 New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lynita Smith	7901 4th St. N, STE 300	<b>≣</b> Add
		St. Petersburg, FL 33702	□ n
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			□Add
			□Remove
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tote: If the date ins	ther than the date of the steel, the date must be specific a serted in this block does not added on the Department of	t meet the applicable sta	of filing or more than 90 days tutory filing requirements	optional) after filing.) Pursuant to 605.020 s, this date will not be listed a
record specifies a d Lis filed.	elayed effective date, but n	ot an effective time, at 1	2:01 a.m. on the earlier (	of: (b) The 90th day after the
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Filing Fee: \$25.00