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COVER LETTER

Division of Corporations	
SUBJECT: Dreamy Rent Tax Savias IC 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:	
VERONIAUE DURENAL Name of Person	
Dreamlyte Muttitax Services, 11C	
638 NE 16749 St Ste 318	
Miami FL 33168. City/State and Zip Code	
Commune Strong (Commune Strong	
For further information concerning this matter, please call:	
Name of Person at (315) 216-0149 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee & □	tus &

TO: Registration Section

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

DREAMINE Multi Tax Services, 110

(Name of the Limited Liability Company) (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on 10° Florida document number 121000456948 .	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her Modest Tox Sources The new name must be distinguishable and contain the words "Limited Liability Company." the de	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	. 22
	address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:	22 22 7
(Mailing address MAY BE A POST OFFICE BOX)	0)
B. If amending the registered agent and/or registered office address on our re agent and/or the new registered office address here:	cords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	da street address
Enter Plorie	aa sireei aaaress

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.

City

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prioute: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	or to date of fili icable statuto	ng or more than 90	(optional) days after filing.) F ents, this date w	Pursuant ill not b	to 605.020 be listed as
ecord specifies a delayed effective date, but not an effective (is filed.	time, at 12:0	l a.m. on the earl	ier of: (b) The	90th day	y after the
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ted 03-17, 2026					
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