

K21 000 4699 96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

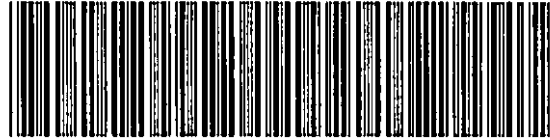
(Business Entity Name)

(Document Number)

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FILED
2022 JAN 26 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 04 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLD AS A DREAM, LLC

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:

JAMES K. MASSERAMT

Name of Person

SOLD AS A DREAM, LLC

Firm/Company

28PAWNEE TRL

Address

CRAWFORDVILLE, FL 32327

City/State and Zip Code

qlcapjim@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James K Masserant

850 538-9797
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

FILED

SOLD AS A DREAM, LLC

2022 JAN 26 AM 7:04

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on October 29, 2021 and assigned
Florida document number L2100046996.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SOLD AS A DREAM, LLC

28 Pawnee Trl

Crawfordville, FL 32327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SOLD AS A DREAM, LLC

BOX 924

CRAWFORDVILLE, FL 32326

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAMES K MASSERANT

New Registered Office Address:

28 Pawnee Trl

Enter Florida street address

Crawfordville

, Florida 32327

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAMES MASSERANT	28 PAWNEE TRL	<input type="checkbox"/> Add
		CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

Abstract

Dated January 19, 2022 , _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee