

L21 000 476256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

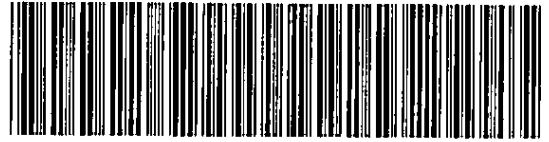
(Business Entity Name)

(Document Number)

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CLERK

2022 JAN -6 AM 11:06

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

4 Reign Dreams 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:

Kucera Rich  
Name of Person

4 Reign Dreams LLC  
Firm/Company

2050 North Andrews Avenue Unit 102  
Address

Pompano Beach FL 33069  
City/State and Zip Code

info@4reigndreams.com  
E-mail address: (to be used for future annual report notification)

pmb 1029

For further information concerning this matter, please call:

Kucera Rich  
Name of Person

at 561 703-6428  
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

FILED  
2022 JAN -09 AM 11:06  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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

The Articles of Organization for this Limited Liability Company were filed on 11/03/2021 and assigned  
Florida document number L21000476256

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Kucera Rich

New Registered Office Address:

2050 North Andrews Avenue Unit 102

Enter Florida street address

Pompano Beach

Florida

33069

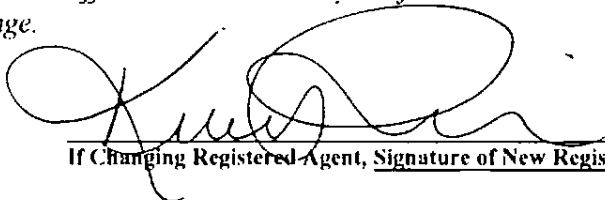
City

Zip Code

PMB 102  
1029

**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

Title	Name	Address	Type of Action
MGR	Kucera Rich	2050 North Andrews Avenue Unit 102 PMB 1029 Pompano Beach FL 33069	<input checked="" type="checkbox"/> Add
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**Effective date:** If the 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) Note: If the date inserted in this block does not meet the requirements of 605.0207 (3)(b), the date must be the date of filing.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

*[Handwritten signature]*

Kucera Rich

**Filing Fee: \$25.00**