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Registration Section Division of Corporations

DREAMS (SUBJECT:	CAME TRUE LLC Name of Lim		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NELSON BALLESTERO	s	
		Name of Person	
	NELPI SERVICES INC		
		Firm/Company	
	2393 SOUT CONGRESS	AVE STE 223	
		Address	
	PALM SPRING, FL 3340	5	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	(tication)
For further information c	oncerning this matter, please c		,
NELSON BALLESTER	-	561 253-6070	
Name of Person		at () Area Code Daytin	T Jackson March va
Name o	i Person	Area Code Dayun	reseptione Nutriber
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREAMS CAME TRUE LLC

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

- ²⁰²² 11/17 16 MH 9: 54

(A Florida Limited Liability Company)	_
The Articles of Organization for this Limited Lia Florida document number L22000094728	ability Company were filed on 02/18/2022	and assigned $\frac{\sqrt{2}}{2}$
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LI,C" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	7· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter th</u> <u>s here</u> :	ie name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida Zip Code
	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>	<u>Name</u>	Address	Type of Action
МЕМВ	FRANCISCO NATES	208 PRESERVE CT, ROYAL PALM BEACH, F	
			≣Remove
			□Add
			□Remove
			□Change
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Effect	ive date, if other than the date of filing: (optional)
Note:	tive date, if other than the date of filing:
	rd 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 iled.
rd is fi	()4/27/2()22
	()4/22/2022
	C)les
rd is fi Dated	Signature of smember of authorized representative of a member

Typed or printed name of signee