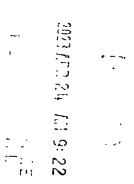
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(Requestor's Name)
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COVER LETTER

Registration Section

TO:

Division of	Corporations		
	AND CACTUS REAL ESTATE	INVESTMENTS LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	PROCESSING DEPART	MENT	
		Name of Person	
	MYCORPORATION BU	SINESS SERVICES, INC.	
		Firm/Company	·
	26025 MUREAU ROAD	SUITE 120	
		Address	·
	CALABASAS, CA 91301	2	
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	_
For further information	on concerning this matter, please c	rall:	
PROCESSING DEPARTMENT 877 692-6772			22 2
Nai	ne of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fea	e □ \$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)
P.O. Box (on Section of Corporations	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro	rporations

Tallahassee, FL 32303

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

DREAMXATCHER EXPERIENCE (GROUP LLC
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records,) ipany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{1.22000134485}{1.000000000000000000000000000000000000$	on 03/17/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp.	any <u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company	y," 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)	200 20
	17: 18
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	. Florida

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>	Address	Type of Action
AMBR	NASIA R LEE	1031 RUSH ARBOR CIRCLE	□ Add
		MCDONOUGH, GA 30252	Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□ંૠેતવ
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iment's effective date on the Dep	partment of State	s records.				
	date, but not an e	ffective time, at	12:01 a.m. on the	earlier of: (b)	The 90th	day after t
ord specifies a delayed effective filed.						
filed.			\cap	_		2
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filed. ed 19April2023	Signature of a mount	ser or authorized to	inresentali et a			7023 AF R 3
filed. ed 19April2023	Signature of a memb	per or authorized re	presentality of a	J.		2023 AFR 24

Filing Fee: \$25.00