From: +17862260501 (Real Dreams USA)

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : REAL DREAMS USA LIC Account Number : I20220000065 : (786)420-1297 Phone Fax Number : (786)226-8501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

info@realdreams-usa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GROWTHTG LLC**

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K. Brumbley

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

From: +17862260501 (Real Dreams USA)

GROWTHTG LLC (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 $\frac{04/08/2022}{1}$ and assigned Florida document number L22009170149 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 "LLC" 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: New Registered Office Address: Enter Florida street address 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

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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>	Name	Address	Type of Action
AMBR	MOLINA UBERTI, NICOLAS	943 NW 111TH AVE	
		PLANTATION, FL 33324	■Remove
			□Change
			□Remove
]Change
			DAdd
			Петюче
			□Change
			DAdd
			DRemove
			JAdd
			Пкепхоче
			JAdd
			□Remove

③

Aug 01, 2022 18:04 (UTC-04) From: +17862260501 (Real Dreams USA)

lf ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ive date, if other than the date of filing:	nt to 605.0207 (3)(b) (be fisted as the
reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th fled.	day after the
\ne1	August 1 2022	
Dated	- Ariarla - Andres	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee