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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INDEPENDENT TAX SERVICES PLUS CORP.

Account Number : I20020000072 Phone : (305)887-0001 Fax Number : (305)884-6444

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

Email Address: gveronik 218@gmail. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DREAM BIG TRADING LLC

Certificate of Status	0
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Corporate Filing Menu

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		COVER LETTER	8
TO: Registration Sec			
Division of Corp	porations		
DREAM BI	G TRADING LLC		
, object:	Name of Limi	red Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub:	mitted for filing.	
Pease क्वांचा भी क्वारक्र	ndence concerning this matter	to the following:	
	WILLIAM MEZA		
		Name of Person	
		Firm/Company	
	1311 NW 122 ND TER		
		Address	
	PEMBROKE PINE FL 33	026	
		Ciry/State and Zip/Cods	
	E-trail address: (to be used for finence annual report conficuency	_
For further information o	concerning this matter, please c	all:	
WILLIAM MEZA		954 398-3925	
Name o	f Person	Area Code Daytime Telephon	te Number
Enclosed is a check for ti	ae following amount		
🗹 525.00 Filing Fee	☐ \$30.00 Filing Fee & Confficate of Status	S\$5.00 Filing Fee &	S60.00 Filing Fee, Carificate of Stains & Certified Copy (edditional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C		Division of Corporation	• ᢏ
P.O. Box 632		The Centre of Tallahass	
Tallahassee, I	FL 32314	2415 N. Monroe Street.	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(11444 4) (BE 1218)	ited I jability Company as it now appe	ars an our records.)	
	ited Liability Company as it now appear (A Florida Limited Liability Company		
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{0}{2}$	4/11/2022	and assigned
Florida document cumber L22000;71732	 ′		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new pame	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbrevi	eika "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE.	ET ADDRESS)		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	5.80X)		<u>av</u>
Mailing address MAY BE A POST OFFICE	S.BOX)		W
			OD
3. If amending the registered agent and/or	registered office address on our	records, enter the name of	the new registe
3. If amending the registered agent and/or	registered office address on our	records, enter the name of	the new register
3. If amending the registered agent and/or	registered office address on our ess here:	records, enter the name of	the newsregiste
3. If amending the registered agent and/or	registered office address on our	records, enter the name of	SSEELEL
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:	registered office address on our ess here:	records, enter the name of	The new register the new register to the second of the sec
3. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our ess here: WILLIAM MEZA 1311 NW 122 TERRACE	records, <u>enter the name of</u>	SSEELEL
	registered office address on our ess here: WILLIAM MEZA 1311 NW 122 TERRACE		SSEELEL

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

Title	Name	<u>Address</u>	Type of Action
MGR	WILLIAN MEZA	1311 NW 122 TERRACE	
		PEMBROKE PINE FL 33025	
MGR	WILLIAM MEZA	1311 NW 122 TERRACE	<u></u>
		PEMBROKE PINE FL 33025	ERemove
			DChange
			Dadd
		·	□Retnove
			Change
			Remove
			Charge
			DAdd
			DR:move
			Change
			⊡Add
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ote: I	re date, if other than the date of coive date is listed, the date must be speciff the date inserted in this block does not's effective date on the Department	not mast the applicab	date of filing or more thi le statutory filing requ	optional) p 90 days after filing.) Purs drements, this date will r) 705.03 as sass s belisted as s
record is file	specifies a delayed effective date, build.	n not an effective time	t, at 12:01 a.m. on the	earlier of: (b) The 900	n day after the
ated _	June 10	<u></u>			
		of a member or authori			

Filing Fee: \$25.00