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LLC N/C & Amend



A. RAMSEY MAR 16 2023

COVER LETTER

DREAMJU			
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANDRES G TORO		
		Name of Person	
	DREAM JUNK STUDIOS	. LLC	
		Firm/Company	····
	623 ORCHID LANE		
		Address	
	ALTAMONTE SPRINGS,	FL 32714	
		City/State and Zip Code	
	andresgerardo1228@gmail.e	com	
	E-mail address: (I	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ili:	
DIANA M HERRERA		407 280-0519 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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:

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

DREAMJUNK, LLC

2823 JAN -5 AR 8: 18

(Name of the Limited Li- (A Fl	ability Company as it now appears on our reco orida Limited Liability Company)	METARY OF STATE
The Articles of Organization for this Limited Liabilities Florida document number L22000181147		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
DREAM JUNK STUDIOS, LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ers
	, , F	Florida
	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 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>	<u>Address</u>	Type of Action
MGR	ANDRES G TORO	863 ORCHID LN	= Add
		ALTAMONTE SPRINGS, FL 32714	□Remove
			□Change
			□Add
			□Remove
			🗀 Change
		 	□ Add
		- · · · · · · · · · · · · · · · · · · ·	□ Remove
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ffective date, if other than the dan effective date is listed, the date must be	ate of filing:	5.01	(optiona	l)
ote: If the date inserted in this bloc	k does not meet the ap	plicable statutory filin	g requirements, this dat	te will not be listed as
ocument's effective date on the Dep	artment of State's reco	ords.		
record specifies a delayed effective lis filed.	date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
DECEMBER 28TH	2022	·		
	2			
	A 1"			

Filing Fee: \$25.00