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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REAL DREAMS USA LLC

Account Number : I20220000065 Phone

: (786)420-1297

Fax Number : (736)226.0501

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 NINA RIZZ AND CO, LLC

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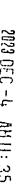
M. SOLOMON

DEC - 5 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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NINA RIZZ AND CO LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	·	
The Articles of Organization for this Limited Liability Company	were filed on 04/18/2022	and assigned	
Florida document number L22000184045			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	nility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2785 Pinehurst Av		
(Principal office address MUST BE A STREET ADDRESS)	Belleair Bluff. FL 33770	202	
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	2785 Pinehurst Av		
(Mailing address MAY BE A POST OFFICE BOX)	Belleair Bluff, Fl 33770		
		;; ; 35	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City . Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	1		

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.

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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 Name <u>Title</u> **Address Type of Action** __ 🗆 Add _____ 🗆 Remove _____ 🗀 Change ∐Remove □Change Remove ____ □Change _ □Add □Remove

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. If amending any other information	i, enter change(s) here.	- (мист ааато	nai sneets, ij neces	sary.)	
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Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to does not meet the applical			ling.) Pursuant to 605	
the record specifies a delayed effective da cord is filed.	te, but not an effective tim	nc, at 12:01 a.m. o	n the earlier of: (b)	The 90th day afte	r the
DatedDECEMBER 04TH	2023				
Sier	nature of a member or author	ized representative	of a member		
3.g.					

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Filing Fee: \$25.00