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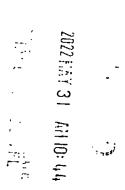
(Requestor's Name)
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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		DUNDS LLC		
SOBJEC	,1: <u></u>	Name of Lin	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		MARLENE CASSIDY, E	sq.	
			Name of Person	
		Cassidy Law Group, P.A.		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Firm/Company	
	20900 N.E. 30th Avenue, Suite 800			
		, ,	Address	
		Aventura, FL 33180		
		modanassidassa@amiil	City/State and Zip Code	
		marlenecassidyesq@gmail.  E-mail address: (	to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
Marlene	Cassidy, Esq.		914 305-7283	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>\$25.</b>	00 Filing Fee	☐ \$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)
		•		
	Mailing Addres Registration S	<del>-</del>	<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Cor	rporations
	P.O. Box 632	27	The Centre of 1	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREYA SOUNDS LLC

2022 HAY 31 AH 10: 4

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	City	Zip Code
	Florida _	Zip Code
	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
agent and/or the new registered office address here:	:	
B. If amending the registered agent and/or registere	ed office address on our records, enter the na	me of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		<del></del>
Trincipal office address most be A STREET ADD		
(Principal office address MUST BE A STREET ADD	DRFCC)	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
PAPILLON SOUNDS, LLC		
A. If amending name, enter the new name of the lin	nited liability company here:	
This amendment is submitted to amend the following:		
Florida document number L.22000213922		
The Articles of Organization for this Limited Liability		and assigned
	515183 PTPP/27PH 11 - 4 1 /	Julian A. F.L.

## 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.

or remove	ed from our records:	anage, enter the title, name, ab.	
MGR = AMBR =	Manager Authorized Member		
Title	<u>Name</u>	Address	Type
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this bl	date of filin	5/1/22 g: d cannot be prior to meet the applica	o date of filing or	more than 90 day	(optional) s after filing.) Pur	suant to 605,0207
ocument's effective date on the D	epartment of S	State's records.	ole statutory in	mg requirement	a, ima date wiii	not be instead as i
record specifies a delayed effectiv d is filed.	e date, but not	t an effective tir	ne, at 12:01 a.m	i. on the earlier	of: (b) The 90	th day after the
ated MAY 21ST		2022	·			
		Member or alipho	- - -61			
<del></del>	Signature of a	member or autho	rized representati	ve of a member	<del></del>	<del></del>