Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REAL DREAMS USA LLC

Account Number : 120220000065 Phone

: (786)420-1297

Fax Number

: (786)226-0501

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

		info@realdreams-usa.com
Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTEGRAIT USA LLC

Certificate of Status	0
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Oct 50, 2022 14:04 (UTC-04)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H220003469643)))

ARTICLES OF OR	GANIZATION	c-2 <b>^</b>
OF		- 30 B
INTEGRAIT USA LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.	<u> </u>
(A Florida Limited Lia	bility Company)	
ne Articles of Organization for this Limited Liability Company w	ere filed on <u>07/27/2022</u>	and assigned
orida document number 1,22000331782		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	tv company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company " the designation "LLC" or the	abbreviation "L.L.C."
he new name must be distinguishable and contain the words. Entitled Clausing	Company, me designation and or me	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>_</u>
The part of the same of the sa		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered office adequate and/or the new registered office address here:</li> </ol>	ldress on our records, enter the n	ame of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Floridu street address	
	Emer v toriau street aaaress	
. <u> </u>	, 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

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\_\_\_\_ Change (((H22000346964 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ORELLANA BUSTOS, BRAULIC	15751 SHERIDAN STREET STE 209	□Add
		SOUTHWEST RANCHES, FL 33331	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			□Add
			Remove

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Oct 10, 2022 11:04 (UTC-04)

From: +17862260501 (Real Dreams USA)

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ffective date, if other than the d	ate of filing:		(optional)	
an effective date is listed, the date must to ote:  If the date inserted in this blocomment's effective date on the Department.	be specific and cannot be prior to ok does not meet the applicat	date of filing or more than ole statutory filing requi	90 days after filing.) Pursuam rements, this date will not	t to 605.0207 (3 be listed as th
record specifies a delayed effective lis filed.	date, but not an effective tim	e, at 12:01 a.m. on the c	earlier of: (b) The 90th da	ay after the
October 10	2022	_· _		
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