No. 19, 2024.11:06 (UTC-03)

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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 : (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. \*\*

Email Address: rdreamsusa@gmail.com

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

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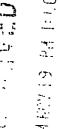
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## From: +17862260501 (Real Dreams USA)

## ARTICLES OF AMENDMENT ((( TO ARTICLES OF ORGANIZATION OF

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INTEGRAIT USA LLC		rds.)
(Name of the Limited (A	Linbility Company as it now appears on our reco Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab Florida document number 1.22000331782	oility Company were filed on 07/27/2022	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
		<del></del>
B. If amending the registered agent and/or reg agent and/or the new registered office address i		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	
	_ 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

9

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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:

From: +17862260501 (Real Dreams USA)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	STUARDO, PABLO	6067 HOLLYWOOD BLVD	
		STE 207 OF118	□Remove
		HOLLYWOOD, FL 33024	□Change
			□Add
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			PR 4: 29
			□ Change
	<del> </del>	_	□Add
			□Remove
			□Change

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amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Por Parameter Control of the Control
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ote: If t	date, if other than the date of filing:
record spired.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	NOVEMBER 19th 2024
	Fortuardo
	Signature of a member or authorized representative of a member
	FELIPE STUARDO BUSTOS

Filing Fee: \$25.00

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