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## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		•	
	Dream Catcher Woodworks, L	LC		÷
SUBJECT:	Name of Lin	nited Liability Company		,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shane Cobb			
	-	Name of Person		
	American Dream Catcher	Woodworks, LLC		
		Firm/Company	<del></del>	~
	841 Wentworth St.			22 SEP
	<del></del>	Address		P 13
	Sebastian, FL 32958			
		City/State and Zip Code	<del></del>	PH 4: 35
	smcobb5@aol.com			<u>3</u> 5
	E-mail address: (	to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:		
Shane Cobb		321 432-8598 at ( )		
Name o	f Person		me Telephone Number	_
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Sectificate of Sectified Copy (additional copy is	Status &
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	-	The Centre of	•	
Tallahassee, I	FL 32314		oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Dream Catcher Woodworks, LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records ited Liability Company)	=)
he Articles of Organization for this Limited Liability Comp	any were filed on 08/30/2022	and assigned
lorida document number L22000381832		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
		SE 50
		70 X.
nter new mailing address, if applicable:		သ <u>ကို</u> ရှိ
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
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		<u> မ ာ</u>
. If amending the registered agent and/or registered officent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Plorida street address	
<del> </del>	, Flor	rida Ziv Code
	Cujv	гір Соае

## 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>	Address	Type of Action
MGR	Shane Cobb	841 Wentworth St. Sebastian Florida, 32958	■Add
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			Change
			□ Add
			□Remove
		<del></del>	Change
			Change
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