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FILEO
SECRETARY OF STATE
TO THE CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Au Your DREAMS	PEINTING LLC ited Liability Company
. will of Mills	ned shading company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Mich	AEL ROMAN Name of Person
ALL YOUR	DREAMS PRINTING LLC Firm/Company
1525 CYPRI	SS AVE Address
ORANGE C Sales@altyou	City/State and Zip Code or creams Printing to be used for future angual report notification)
For further information concerning this matter, please ca	all:
MICHAEL ROMAN Name of Person	at (678) 480-2900 Aren Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

HU YOUR DREAMS HOME	N PRINTING LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>122000382847</u> .	were filed on Av& 31, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	N/A
	N/A
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	\mathcal{N}/\mathcal{A}
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	N/A
New Registered Office Address:	N/A
	Enter Florida street address NA, Florida City Lip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete periccept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605. F.S. Or, if this document is

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

Type of Action **Address Title** <u>Name</u> 14467 GOLDEN RANTREE BYND XAdd ORLANDO/FL/32828 | Remo MICHAEL ROMAN MGR □ Change □Remove ☐ Change → □Remove □Change _____ □Remove \Box Add □Remove □ Change \square \land dd **L**Remove ____ Change

D. If amending any other information, enter change(s) here: a little health with work if necessary i
· ——
1. Effective date, if other than the date of filing: August 31, 2022 (optional) (It an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of; (b) The 90th day after the record is filed
Dated 9/25/2022
Signature of a member or authorized representative of a member
Tohn H Velaz quez Typed or printed name of signee