| L22 00 | 20 436 548 |
|---|--------------------------|
| (Requestor's Name) (Address) | 000395916980 |
| (Address) (City/State/Zip/Phone #) | - |
| Business Entity Name) | - |
| (Document Number) Certified Copies Certificates of Status | 10/18/2201022011 ++25.00 |
| Special Instructions to Filing Officer | 2022 OCT 18 PH 1: 17 |
| Office Us e Only | |
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COVER LETTER



The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount

CV\$25.00 Filing Fee

□ \$3000 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy radditional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

| ARTICLES OF AMENDMENT |
|---|
| TO ADTICLES OF OPCANIZATION |
| ARTICLES OF ORGANIZATION |
| |
| EENA'S DEAM ILC (Name of the Limited Liability Company as it now appears on our records.) |
| (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on 10/10/2022 and assigned |
| Florida document number <u>22000436546</u> |
| This amendment is submitted to amend the following |
| A. If amending name, enter the new name of the limited liability company here: |
| DEENA'S DREAM LLC |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbreviation "LLC" |
| Enter new principal offices address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) 2992 NW 35th AUC |
| danderdate dakes FL 333/1 |
| Enter new mailing address, if applicable: <u>2992 NW 35th Ave</u> |
| (Mailing address MAY BE A POST OFFICE BOX) demolacelate dehas |
| _FL 333111 |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> |
| agent and/or the new registered office address here: |
| Numero of New Device and America |
| Name of New Registered Agent: |
| New Registered Office Address: Enter Florida street address |
| |
| Cay Storida 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 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

| Title | <u>Name</u> | Address | <u>Type of Action</u> |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 | | · | |
|-------|---------|--|--|
| | TP | seckett-deonard. | |
| | | Signature of a member or authorized representative of a member | |
| .T | JEANA « | ELKETT-JEONARD Typed or printed name of signee | |
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