Florida Department of State Division of Corporations 222 Electronic Fifting Cover Sheet

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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : REGISTERED AGENTS INC. Account Number : 120090000081
	Phone : (307)200-2803
	Fax Number : (855)330-1010
Em	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.** ail Address:
<u></u>	
# 22 '	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2012	VEEJAYS_DREAMS ENTERPRISES, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT, TO ARTICLES OF ORGANIZATION OF

VeeJays Dreams Enterprises, LLC (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 $\frac{11}{09/22}$ and assigned Florida document number <u>L22000481822</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VeeJays Dreams Enterprises, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Verna J Thomas	100 S. Ashley Dr Ste 600	&Add
		Tampa FL 33602	□Remove
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