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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REAL DREAMS USA LLC

Account Number : 120220000065 Phone : (786)420-1297 : (786)226-0501 Fax Number

> \*\*Enter the emall address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@realdreams-usa.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CALIPSO 2023 LLC

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# ARTICLES: OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

From: +17862260501 (Real Dreams USA)

•	Or	ã.
CALIPSO 2023 LLC		
	Company as it now appears on our	r records.)
(A Florida I	Company as it now appears on out Limited Liability Company)	<del> </del>
he Articles of Organization for this Limited Liability Co	ompany were filed on 02/13/202	3 and assigned
lorida document number L23000068756	 	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
		<del>- · · · · · · · · · · · · · · · · · · ·</del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	· <del></del>	<del></del>
3. If amending the registered agent and/or registered	office address on our records.	enter the name of the new regist
gent and/or the new registered office address here:		c.a ~-
		· · ·
Name of New Registered Agent:		<u>-</u> o
Many Designand Office Address		
New Registered Office Address:	Enter Florida stree	rt address
		Ellentae C

#### 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.

City

### (((H23000077626 3)))

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** Name<sub></sub> Address Type of Action MGR ARRIBILLAGA, ARTURO P 6067 HOLLYWOOD BLVD  $\Box$ Add HOLLYWOOD, FL 33024 \_\_\_ 

Remove MGR Raul Perez Arribillaga 6067 HOLLYWOOD BLVD STE 207 #158 ■Add HOLLYWOOD, FL 33024 \_\_\_\_ Remove \_\_ □Change **AMBR** Santiago Perez Arribillaga 6067 HOLLYWOOD BLVD STE 207 #158 **■**Add HOLLYWOOD, FL 33024 \_ ∐Remove \_\_\_\_\_ Change \_\_\_\_\_ Change \_ 🗆 Remove

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ord specifies a delayed effective of filed.	late, but not an effective tin	ie, at 12:01 a.m. on the e	earlier of: (b) The 90th	ı day after t
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d FEBRUARY 28TH		<b>-</b> ·		

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