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COVER LETTER

Division of Cor			
SUBJECT:	The Win	COINS Dreak	u lcc
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Pau	Name of Person	
		Firm/Company	
	770 St	weetbrier Di	2023 F
	Deltona	FI 32725 City/State and Zip Code	Cow cation)
	A-mail address: (Dace a May I report notification of the used for turner annual report notification of the second of	cation) PH
For further information co	oncerning this matter, please ca	all:	LTE
Name o	Wiggins FPerson	at (610) 740 - Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	porations
P.O. Box 632	7	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The WIGGIN	15 DREAM LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
	were filed on and assigned
Florida document number 430000 709.86.	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	is Limited Liability Company were filed on
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Daytena Beach, Fl 32117
Enter new mailing address, if applicable:	770 Sweetbriez DR
(Mailing address MAY BE A POST OFFICE BOX)	Deltona, \$1 32725
	address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	on Wiggins
New Registered Office Address: 770	
Delto	
New Registered Agent's Signature, if changing Registered Agent:	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

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

Title Name Address Type of Action Tyron Wiggins 770 Sweetbrier Drigadd

Delton, 71 32725 | Remove _____ □Change Tyron Wiggins Remove Remove _____ Change _____ □Add Remove □Add □Remove _____ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
The address 15 675 Mason 4VE	
Not 675 Manson AVE	
Tyron Wiggins is a Ower (AMBR) Not a MGR.	
E. Effective date, if other than the date of filing: Feb 18-2023 (optional) (If 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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.	the
Dated Feb 18-2023	i a r
Signature of a member or authorized representative of a member	
Paul Wiggins Bon	ğ E

Filing Fee: \$25.00