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(Requestor's Name)
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:		istration Sect sion of Corpo			
SURJE	CT:	Amendment (of Name		
SUBJE	C I .		Name of Limi	ted Liability Company	
The enc	losed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please re	eturn	all correspond	lence concerning this matter t	to the following:	for filing. following: Name of Person Firm/Company Address State and Zip Code ed for future annual report notification) at (786
			Raquel Lubowski		
				Name of Person	
			Gyms and Dreams LLC		
				Firm/Company	
			2800 Island Blvd PH 1		
			<u> </u>	Address	
			Aventura, FL. 33160		
			777031414, 713, 23, 103	City/State and Zip Code	··-
			RELUBOWSKI@GMAIL.		
			E-mail address: (t	o be used for future annual report notification)	
For furt	her ir	iformation cor	ncerning this matter, please ca	all:	
RAOU:	EL L	UBOWSKI		at (786) 4179241	
-		Name of l	Person	Area Code Daytime Telephone	Number
Enclose	d is a	check for the	following amount:		
□ \$ 25	5.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	ertificate of Status & ertified Copy
		iling Address: gistration Se		Street Address: Registration Section	
		ision of Co		Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gyms and Dreams LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on February 22, 2023	and assigned
Florida document number L23000096668		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
R3L Creates LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, enter the nar	ne of the new register
		: .
Name of New Registered Agent:		
N. D. Constanting		·
New Registered Office Address:	Enter Florida street address	-
	, Florida	-
	City	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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			Add
			□ Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
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Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In 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 Worte: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [In 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 dis filed. [In additional of the date of the second o			<u>-</u>					
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