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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

Yisel Lizardo, PLLC		 '		
Please Debit FCA000	0000003 For: 25			
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COVER LETTER

	Registration Se Division of Corp			
CIID IEC		ARDO, PLLC		
SUBJEC	.1:	Name of Lir	nited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sul	bmitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		STEPHANIE MURPHY		
		-	Name of Person	
		HARDING BELL INTER	NATIONAL, INC	
			Firm/Company	•
		113 PONTOTOC PLAZA		
			Address	
		AUBURNDALE, FL 3382	23	 - :
		Dispusses nucroof	City/State and Zip Code	
		BUSINESSSERVICES@H E-mail address: (to be used for future annual report notification)	
For further	r information co	ncerning this matter, please c	all:	
STEPHA	NIE MURPHY		863 968-1010 EXT 403	
	Name of	Person	Area Code Daytime Telephone N	lumber
Enclosed i	is a check for the	following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Cer	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
R D P	Mailing Address: Registration So Division of Co O. Box 6327 Callahassee, FI	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	nite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YISEL LIZARDO, PLLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 03/27/2024	and assigned
Florida document number L23000143714	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
FLORIDA'S PROPERTY DREAM, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		. (m
Mailing address MAY BE A POST OFFICE BOX)		
		. 0
3. If amending the registered agent and/or registered	d office address on our records, enter the	name of the new registe
gent and/or the new registered office address bere:	·	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
- 12 - 17 Planta & Carlon Land 1999.	Enter Florida street address	
	, Floric	la
	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
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ote: If the date inserted in this	must be specific and cannot be prior to date of filing	(optional) Ig or more than 90 days after filing.) Pursuant to 605.02 If filing requirements, this date will not be listed
ecord specifies a delayed effectis filed.	tive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
JUNE 5	2024	
ted		
1ed	Signature of a member or authorized represen	ntative of member

Filing Fee: \$25.00