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From: +17862260501 (Real Dreams USA)

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and buttors of all pages of the document,

(01H23000247489 31))



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Division of Communications Fax Number : (250)617-6383

Account Name : tEAL DREAMS USA LLC Account Number : 129228889865 Phone : (786)428-1297 Fax Mumber : (786)226-9581

er the email address for this hasiness entity to be used for future annual report mailings. Enter only one email address please.** teall address: info@realdreams-usa.com

LLC AMNO/RESTATE/CORRECT OR M/MG RESIGN

REA FIVE LITTLE STARS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REA FIVE LITTLE STARS LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our record da Limited Liability Company)	<u>. </u>
The Articles of Organization for this Limited Liability (Company were filed on 04/07/2023	and assigned
Florida document number L23000165165	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC	" or the abbreviation [1].L.C."
Enter new principal offices address, if applicable:		₹ ÷
Principal office address MUST BE A STREET ADD	RESS)	
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		Ö
inter new mailing address, if applicable:		_
Mailing address MAY BE A POST OFFICE BOX)	Auditoria de la companya della companya della companya de la companya de la companya della compa	
		<u></u>
 If amending the registered agent and/or registere gent and/or the new registered office address here: 	ed office address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
·		orida
	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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PAGES, RUBEN A	2930 POLYNESIAN ISLE BLVD	🗀 Add
		KISSIMMEE, FL 34746	⊆ Remove
			Change
1GR	ALZUGARAY, RODOLFO	2930 POLYNESIAN ISLE BLVD	= Add
		KISSIMMEE, FL 34746	□ Remove
			Change
			□Add
			□Remove
			Change
			🖸 Add
			□Remove
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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.
Dated
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member

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Typed or printed name of signee