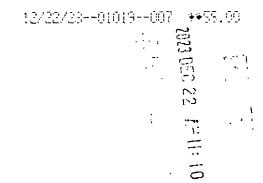
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(Re	equestor's Name)			
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## **COVER LETTER**

TO: Registration S Division of Co		·	ı			
Foster-Mc SUBJECT:	eehan LLC					
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Chris Foster					
		Name of Person				
	Foster-Meehan LLC					
	·	Firm/Company				
	996 Sangria Cir.					
	-	Address				
	Rockledge, FL 32955					
	chrisfos123@aol.com	City/State and Zip Code				
	<del>-</del>	to be used for future annual report noti-	fication)			
For further information	concerning this matter, please c	all:				
Chris Foster		321 427-6834 at ()				
Name	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for	the 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 Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

• . • • .

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foster-Mechan LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited	Liability Company were filed o	on 10/16/23 and assigned
Florida document number L23000473239	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability compa	uny here:
Foster's Dream, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	27
(Principal office address MUST BE A STREET ADDRESS)		
(2		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	·	22
		77
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		•
		. 0
<b>~ ~ ~ ~</b>	•	our records, enter the name of the new registered
agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:	Chris Foster	
New Registered Office Address:	996 Sangria Cir.	
New Registered Office Address.	Ent	ter Florida street address
	Rockledge	, Florida 32955
	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 60 f. 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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Tina Foster	996 Sangria Cir. Rockledge, FL 32955	
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
		□Remove	
			□Change
			□ Remove
		□Change	
		□ Add	
			□ 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 December 18 2023 Chris Foster Typed or printed name of signee

Filing Fee: \$25.00