## L23000535596

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(=-),,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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Mills

Office Use Only



02/12/24--01026--019 \*\*30.00

## **COVER LETTER**

TO: Registration : Division of Co			
	nterprise LLC		
	Name of Lu	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Brandon Wilson		
		Name of Person	
	Maomi Enterprise LLC		
		Firm/Company	<del></del>
	22122 WEEKS BLVD		
	· <del>**</del>	Address	
	LAND O LAKES, FL 340	539	
	myprimeerew@gmail.com	City/State and Zip Code	
	E-mail address:	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Brandon Wilson		888 8029695	
Name (	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addrag		Straat Address	

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

Maomi Enterprise LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on or Jiability Company)	ar records.)	·- <u></u>
The Articles of Organization for this Limited Liability Company	were filed on 12/01/202	23	and assigned
Florida document number <u>L23000535596</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Dream Crew LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1065 SW 8th St #1769	Miami, FL 33130	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	, enter the name of	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	<u> </u>
		, Florida	
<u>-</u>	City	Zi	p 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 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>	Address	Type of Action
		-	
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			Change
			∐Add
			Remove
			□Change
			□Add
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an effec ote: If	e date, if other than the date of filing:
	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 d.
l is filed	2.03.2024
l is filed	2.03.2024
d is filed	

Filing Fee: \$25.00