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Tammi Cline

## **COVER LETTER**

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Dream Key	me of Limited Liability Company
The enclosed Articles of Amendment and fee(s	s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Jose	Ph lillery Name of Person
Dream	nkey Mortgage LLC
140 SW	Firm/Company 3 200 128th St # 300 12
News	Derry F2 32669
J T M E-mail	address: (to be used for future annual report notification)
For further information concerning this matter.	, please call:
Joseph Tillen Name of Person	at (904) 347 - 8347  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing F Certificate of	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, FL 52514	2413 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dreamkey Morta (Name of the Limited Liability Company) (A Florida Limited	age LLC  Inv as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2300055452}{}$	were filed on $12 - 18 - 2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5011 Gate PKWy.  Blog 100 Ste 100  Jacksunville, 72 32256
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	Ph Tillery  Bate PKWy Blds 100 Str 100  Enter Florida street address  2555
Jacks	Myle Florida 3225 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 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
MGR	MARY SPENCER	10175 Fortune PKwy	
		Unit 804	Remove
		Jacksmylle, Fr. 32253	☐ Change
MGR	JOSEPH TILLERY	5011 Gate PKWY	
		Bldg. 100 Ste. 150	□Remove
		Jacksmylle, Fr 322	SLE Change
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fective date, if of the state is l	other than the disted, the date must	date of filing: be specific and cann	7 - 22 - ot be prior to date of	2024 filing or more than 90	(optional) days after filing.) P	ursuant to 605.0	)207 (
		eck does not meet t partment of State':		tory filing requirem	ents, this date wi	ill not be listed	l as 1
record specifies a is filed.	delayed effective	date, but not an e	fective time, at 12	:01 a.m. on the earl	ier of: (b) The S	90th day after t	the
	0.1		) (2)				
ned July	24,	·_0	COOL.				