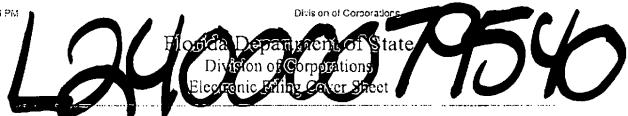
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I2010000009 Phone : (305)599-0839 Fax Number : (305)592-9591

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE FARM LAKE D.C LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE FARM LAKE D.C. LLC		
(Name of the Limited Linbility (A Florids Li	umpany as it now appears on our record mited Liability Company)	<u>v)</u>
The Articles of Organization for this Limited Liability Com	ppany were filed on 02/14/2024	and assigned
Florida document number L24000679540		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
LAKE OF DREAMS MIAMI 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 applicable:		
(Principal office address MUST BE A STREET ADDRES	(5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		924
		O.S.
B. If amending the registered agent and/or registered of	For odd	
agent and/or the new registered office address here:	nce address on our records, enter t	he name of the new registered
		= -
Name of New Registered Agent:		
New Registered Office Address:		in 7
	Enter Florida street address	3
	Flor	ida
	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 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>	Name	Address	Type of Action
AMBR	DIANEL CORZO	8401 NW 172ND STREET	■Add
		HIALEAH, FL 33015	□Remove
			□ Change
		-	□Remove
			CChange
			
			□Rетюче
			OChange
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Effective date, if other than the d	ate of filing:		(or	tional)	
If an effective date is listed, the date must be Note: If the date insorted in this bloc document's effective date on the Dep	e specific and cannot be ; k does not meet the ar	prior to date of filing	Arr ten Area tilanen (M.) elekte e d	3 Cii \ D	05.0201 sted na
e record specifies a delayed effective or	late, but not an effecti	ve time, at 12:01 a.	m, on the earlier of:	(b) The 90th day aft	er the
Dated	2024				
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Typed or printed name of signee