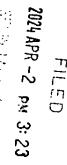
(Requestor's Name)	
(Address)	100426924251
(Address)	100720327231
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04/02/2401044023 ••60.00
(Document Number)	
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COVER LETTER

TO: Registration Section

Division of Corporations

TALLY D	REAMERS LLC		
<u></u>	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	GURMEET SINGH		
	···	Name of Person	
	ACCOUNTING SOLUTI	ONS	
		Firm/Company	
	14-A OAK BRANCH DR		
		Address	
	GREENSBORO, NC 274	07	
		City/State and Zip Code	·
	GURMEET@ACCOUNTI	NGSOLUTIONSNC.COM	
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
GURMEET SINGH		336 763-4428	·
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TALLY DREAMERS LLC

2024 APR -2 PH 3: 23

(Name of the Limited Liability Company as it now appears on our records:
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/21/2024 and assigned

Florida document number 1.24000090580

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

ffective date, if other than the date of filing:		
The 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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the dis filed. The 90th day after the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The 90th day after the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.	-	
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Signature of a member or authorized representative of a member	record is file	ed.
Signature of a member or authorized representative of a member	12 1116	Au.
	1 12 1116	narch 22 , 2024

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

	thorized Member	Address	Type of Action
<u>Citle</u> AMBR	<u>Name</u> CHANDRIKABEN PATEL	3770 STAFFORD PLACE BLVD, APT 104	□Add
		WINSTON SALEM, NC 27127	≅Remove
			□Change
AMBR KIRITKUMAR B PATEL	KIRITKUMAR B PATEL	4246 KENDALL FARM WAY	🖬 Add
		WINSTON SALEM, NC 27107	□Remove
			Change
			□ Add
		□Remove	
			Change
			□Add
			□Remove
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