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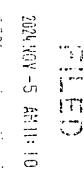
(Requestor's Name)	
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Omend/ Name Change

DEC 1 0 2024 D CUSHINO

	COVER LETTER			
TO: Registration Sec Division of Corp				
SUBJECT: DREAM	1 CANVAS, LLC			
	Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are submitted for filing.			
Please return all correspond	dence concerning this matter to the following:			
	JANNELLE AQUINO			
	Name of Person			
	Firm/Company			
	JOG NAMES A CT			
	7816 MARSALA CT Address			
	JACKSON VILLE, FL 32244 City/State and Zip Code		202	
		,	707K TE Y	٠.,
	TAE. AQUINO 92 O GMAIL . COM E-mail address: (to be used for future annual report notification)	,	- E	 ; •
	E-mail address: (to be used for future annual report notification)		Ω) I	•
For further information con	neerning this matter, please call:		==	
T		. :	AH III: III	•
JANNELLE ARV	Person at (904) 422-3809 Person Area Code Daytime Telephone Number	- 1 - 1 - 1	C2	
,	, and sold,			
Enclosed is a check for the	following amount:			
Ճ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status Certified Copy Certificate	_		

Mailing Address:

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

Street Address:

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREAM CANVAS, ILC

(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on onited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on APR	11 8,2024	and assigned
Florida document number <u>L24000165067</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
ONCE UPON A CANVAS, L	LC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbrevia	ation "L.L.C."
inter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRES.	<u></u>		
		<u> </u>	123
		÷ ;	- 124 - 133 - 114 - 114 - 114 - 114 - 114 - 114 - 114 - 114 - 114 - 114 - 114 - 114 - 114 - 114 - 114 - 114 - 114 -
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			cn :
			979 1 4
		· · · · · · · · · · · · · · · · · · ·	
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our record	ls, <u>enter the name of</u>	the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	p Code
	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 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
	KAITLYN HERNANDEZ	4117 Hidden Branch Dr	□Add
		JACKSONVILLE, FL 32257	Remove
			☐ Change
			□Add
			□Remove
			🗆 Change
			□Add
			🗆 Remove
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