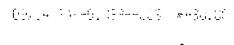
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





400435222894





## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of	on Section f Corporations					
	NG DREAM LLC					
SUBJECT:	Name of Li	Name of Limited Liability Company				
	es of Amendment and fee(s) are su					
	Pascal Gibert					
	<del></del>	Name of Person				
	Best Options LLC					
	<del></del>	Firm/Company				
	1145 Via Jardin					
	<del> </del>	Address	1004 SEP SECRE			
	West Palm Beach, FL 33	418	REST CO			
	pgibert@bestoptionslle.co	City/State and Zip Code	ion) 2: 19			
		(to be used for future annual report notificat	ion) 27 2			
For further informat	ion concerning this matter, please	call:				
Pascal GIBERT		561 214-2328				
N:	ame of Person	at () Area Code Daytime Te	lephone Number			
Enclosed is a check	for the following amount:					
□ \$25.00 Filing Fo	ce \$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)			
	Idress: ion Section of Corporations	Street Address: Registration Section Division of Corpor				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACTING DREAM LLC		
(Name of the Limited Liability Com (A Florida Limited	ряпу as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>07-08-202</u>	24 and assigned
Florida document number L24000302435		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designati	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TAC SE
		1 - M
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		- 10
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		Florida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KARINE HOUDE	4213 RUE BERTRAND-FABI, APT. 5	□Add
		SHERBROOKE, QC JIN 1X2 CA	<b>=</b> Remove
			□Change
AMBR	KARINA HOUDE	4213 RUE BERTRAND-FABI, APT. 5	
		SHERBROOKE, QC JIN 1X2 CA	□Remove
			SECRET Add
			中PROPREMOVE CO
			□Add
			Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Ne	eed to correct th	ne name of	KARIN	iE to K∕	<u> RINA i</u>	n the do	cumen	t name	<u>ed</u>	
<u>"El</u>	lectronic Article	s Of Organi	zation'	" upload	led 07/08	3/2024	Florida l	imited	Liability	<u>'</u>
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fective in effect	e date, if other tha	in the date of the state must be specif	filing:	nnot be prio	r to date of fi	ing or more t	nan 90 days	ptional)	Pursuant (	to 605.020
ote: If	the date inserted in it's effective date on	this block does	not mee	t the applic	able statute	ory filing red	juirements.	this date	will not b	e listed a
ecord s	specifies a delayed e d.	ffective date, bu	it not an	effective t	ime, at 12:0	l a.m. on th	ie earlier o	î: (b) - Th	e 90th day	after th
nted	JULY 8th			2024	·					
	Kar	Signature	of a men	UCE	orized repre:	sentative of a	member			··
	KARINA HC									

Filing Fee: \$25.00