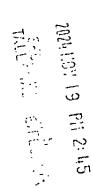
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COVER LETTER

1.

TO: Registration Section Division of Corporation	ion prations		
	DREAMS, LLC	<u></u>	
SUBJECT:	Name of Limited	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	NESTOR SUAREZ		
		Name of Person	
	HIGH MOON DREAMS, L	LC	
		Firm/Company	
	1835 E HALLANDALE BE	EACH BLVD, SUITE 406	
		Address	
	HALLANDALE BEACH, I	FL 33009	
		City/State and Zip Code	····
	INFO@PERSONALTAXEX	KPRESS.COM	
	E-mail address: (1	o he used for future annual report not	fication)
For further information c	oncerning this matter, please ca	ill:	
NESTOR SUAREZ		305 904-3698 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration	Section	Street Address: Registration S	
	Corporations	Division of Co The Centre of	Tallahassee
P.O. Box 63 Tallahassee.		2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGH MOON DREAMS, LLC (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 $\frac{08/26/2024}{}$ _ and assigned Florida document number L24000373160 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 "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City

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>	<u>Address</u>	Type of Action
MGR	AMILCAR CONTRERAS	1835 E HALLANDALE BEACH BLVD	🗆 Add
		SUITE 406	\exists Remove
		HALLANDALE BEACH, FL 33009	□Change
			🗆 Add
			Remove
			□Change
			🗀 Add
			[]Reinove
			☐ Change
49.414.00			
			🗀 Remove
			Change
			□Add
			□Remove
			Change
			Remove
			□Change

 -	
Tective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this blockseument's effective date on the Dep	date of filing:
record specifies a delayed effective Lis filed.	edate, but not an effective time, at 12:01 a.m. on the earlier of, (b). The 90th day after the
october 31	2024
NH	Signature of a member or authorized representative of a member
	6: A manufactor of methodized representative of a member

Filing Fee: \$25.00