# N21000013354

(F	Requestor's Name)
4)	Address)
(	Address)
Ŷ	
(0	Dity/State/Zip/Phone #)
	WAIT MAIL
	Business Entity Name)
(E	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Offic <b>e</b> r
	Office Use Only



09/03/24--01038--002 \*\*43.75

FILED 2024 SEP -3 MHI: 57 SECONTAINT OF STATE FALLANDASSEE, FLONDA

•	
TO: Amendment Section Division of Corporations	
DREAM MAKERS	
N21000013354 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	
Please return all correspondence concerning this matter	er to the following:
Joel Cruzada	
	(Name of Contact Person)
Ethos Holdings Group LLC	
	(Firm/ Company)
2015 Hargate Court	
	(Address)
Ocoee, FL 34761	
	(City/ State and Zip Code)
joel@cryonextlabs.com	
E-mail address: (to be used	I for future annual report notification)
For further information concerning this matter, please	call:
Joel Cruzada	407 517-8171 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	<ul> <li>□S43.75 Filing Fee &amp; □S52.50 Filing Fee</li> <li>Certified Copy</li> <li>Certificate of Status</li> <li>(Additional copy is enclosed)</li> <li>Certified Copy</li> <li>(Additional Copy is Enclosed)</li> </ul>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

• • •

DREAM MAKERS UNITED, INC.

#### (<u>Name of Corporation as currently filed with the Florida Dept. of State</u>) N21000013354

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

#### A. If amending name, enter the new name of the corporation:

 The new

 name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."

 "Company" or "Co." may not be used in the name.

 B. Enter new principal office address, if applicable:

 (Principal office address <u>MUST BE A STREET ADDRESS</u>)

 Occee. FL 34761

 2015 Hargate Court

 (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

 2015 Hargate Court

 Occee, FL 34761

## D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Joel Cruzada

2015 Hargate Court

(Citv)

(Florida street address)

New Registered Office Address:

Ococe

Florida 34761

(Zip Code)

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

I hereby accept the appointment as registered agent. I am familigr with and accept the obligations of the position.

Signatu Ree d Agent, if changing

#### 

### If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT John I</u> <u>V Mike . SV Sally S</u>	Iones	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add × Remove	<u>SD</u>	Jeff Hawley	8350 Savannah Trace Circle Unit 1806 Tampa, FL 33615
2) Change Add	<u>T</u>	Debra Klausing	558 Myrtle Lane Lino Lakes, MN 55014
x Remove 3) Change x Add Remove	<u>P</u>	Joel Cruzada	2015 Hargate Court Ococe, FL 34761
4) <u>×</u> Change Add	<u>V</u>	Michelle Hawley	8350 Savannah Trace Circle Unit 1806
Remove 5) Change Add			Tampa, FL 33615
ر Remove Remove ــــــــــــــــــــــــــــــــــــ			
Remove			

#### E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

•	•	

<u>.</u>						
					-	
					-	
				 ·•·		
						<u> </u>
		_				
			 	 	-	
			 		_	
-						
	-		-			
······			 	<u></u>		<u> </u>
	-		_			<u> </u>
			-		<b>_</b> .	

The date of each amendment(s) adoption: _		 	, if other than the
date this document was signed.			_

#### Effective date <u>if applicable</u>:

(no more than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Augus Dated	23. 2024
Signature	Mala
hav <b>é</b> n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
Joel	Cruzada
	(Typed or printed name of person signing)

President

.

(Title of person signing)