

L04000082245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

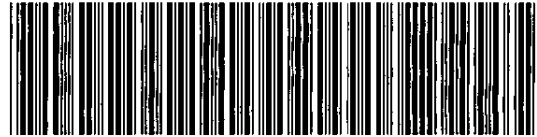
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 28 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dream Home Services
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edmundo Pariente
(Name of Person)

Dream Home Services
(Firm Company)

12539 Crayford Ave.
(Address)

Orlando, FL. 32837
(City State and Zip Code)

For further information concerning this matter, please call:

Edmundo Pariente at (407) 854-5420
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA**

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To: Division de Corporations **From:** Edmundo Pariente
Fax: [Click here and type fax number] **Date:** April 23, 2009
Phone: 850-245-6984 **Pages:** 4
Re: Letter # 209A00012819 **CC:**
Doc. L04000082245

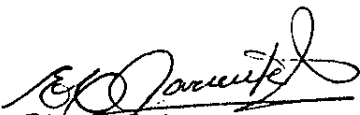
Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Mrs. Deborah Bruce
Regulatory Specialist II

Enclosed please find the corrections you indicated us in your letter about the amendment we filed

We will appreciate to proceed with the filing, considering that you already has the \$30.00 check # 1357 Paid off

Thank you,


Edmundo Pariente

407-729-5373

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2009

EDMUNDO PARIENTE
12539 CRAYFORD AVE.
ORLANDO, FL 32837

SUBJECT: DREAM HOME SERVICES, LLC
Ref. Number: L04000082245

We have received your document for DREAM HOME SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 209A00012819

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Dream Home Services

(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 11/15/2004 and assigned Florida document number L04000082245.

This amendment is submitted to amend the following:

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

Dream Home Services

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12539 Crayford Ave.

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL. 32837

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:

Edmundo Pariente

New Registered Office Address:

12539 Crayford Ave.

(Enter Florida street address)

Orlando

(City)

Florida 32837

(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 608, 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)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

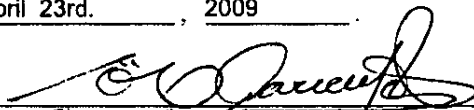
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Henry Rivamar	8408 Queens Blvd. Third Floor Elmhurst, NY, 11373	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Edmundo Pariente	12539 Crayford Ave. Orlando, FL, 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated April 23rd, 2009



Signature of a member or authorized representative of a member

Edmundo Pariente

Typed or printed name of signee