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MAY 14 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Florida Dream Homes, LLC						
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:						
Elizabeth Shannon Pennett Name of Person						
Florida Dream Homes, LLC						
132 N. Beach St.						
Address						
Ormand Beach 12 32174 PSF City/State and Zip Code Shannon pennett 18@gmail. Egy						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
7T						
For further information concerning this matter, please call: E1.2abeth Shanon Renettat 386, 341-6778						
Name of Person Area Code & Daytime Telephone Number						
, 202 002 2 25, and 100photo 1 and						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,						
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)						
MAILING ADDRESS: STREET/COURIER ADDRESS:						
Registration Section Registration Section Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Dream	Homes LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limited" L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SE SE
(Principal office address MUST BE A STREET ADDRESS)	AHE W
	ARY OF S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	
	, Florida City Zin 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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>A</u> .	ddress	Type of Action
WRM	<u>Hizabeth</u>	Shanon Sunnas	132 N, Barch St.	Add Remove
MG <u>RM</u>	Elizabeth Sh	amon Pemett_	122 N. Beach St.	Add Remove
				Add Remove
	-		-	A Respore
				SSEE PORTON
V-100				Add Remove
D. If am	\sim		ere: (Attach additional sheets, if necessar	
(Please road Higg		beth Summars and tt	<u></u>
				<u> </u>
Dated	5/9/12	· ///	D //	
		Signature of a member or aut	horized representative of a member Shomm Peme	
		Typed or prir	nted name of signee	

Page 2 of 2

Filing Fee: \$25.00