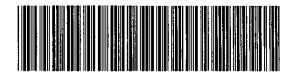
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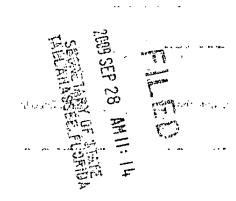
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne) ,
· (Do	ocument Number)	,
Certified Copiesi	_ Certificates	s of Status
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09/28/09--01027--018 **60.00



T. CLINE

SEP 29-2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Name of Limited Liability Company		
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	By 15 F He / In x = Name of Person		
	Doesn's Come tran Home fuspetions Firm/Company		
	104 Marcy Blue Address	Fo S	
*	LDAG WOOD Flowids 32702 City/State and Zip Code	7:09 SEP 28	orange of the second
	E-mail address: (to be used for future annual report notification)	SEC. FLORID	Secretary of the second of the
For fur	rther information concerning this matter, please call:	The second secon	
	Ryth F Hyllase at (407) 3P4-0093 Name of Person at (407) 3P4-0093 Area Code & Daytime Telephone Number		
Enclos	sed is a check for the following amount:		
□ \$25	(additional copy is enclosed) Certified	e of Status &	sed)

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



Office (407) 332-7000 Cell (407) 491-1700 Wilfred Hellner 104 Marcy Blvd. Longwood, FL 32750

Florida Department of State September, 22, 2009 Amendment to the LLC

Please make the Amendments to Dreams Come True Home Inspections LLC.

Send the Certified copy and Certificate of status to:

Beth F Hellner 104 Marcy Blvd Longwood, Florida 32750

Beth F Hellow Beth F Hellner

407-484-0093

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dreams Come trace (Name of the Limited Lia	Home In	spetions			
(<u>Name of the Limited Lia</u> (A Flo	ability Company as orida Limited Liabil	s It now appears on ou lity Company)	<u>r records.</u>)		
The Articles of Organization for this Limited Liabilifornida document number 40300039		e filed on 10/10	12003	and assig	ned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability	company here:			
Na		. —		高 部	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited L	Liability Company," the	designation	影 2	breviation
Enter new principal offices address, if applicable	e: N)A _				the fact of
(Principal office address MUST BE A STREET A	•		 _	75 =	a transage
Enter new mailing address, if applicable:	NA -				
(Mailing address MAY BE A POST OFFICE BO)	**			<u>_</u>	
	-				
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our rec	ords, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Beth	F Hellner y BLud Enter Flor	<u>n</u>		
New Registered Office Address:	104 Marci	y BLUd			
	ŕ	Enter Floi			
_	Longwood	<u> </u>	_, Florida _	32フ50 Zip Code	
New Registered Agent's Signature, if changing Regi	Cistered Ament.	iy	·•	Zip Coae	
New Registered Agent 3 Signature, it changing regi	stered Agent.		•		
I hereby accept the appointment as registered as the provisions of all statutes relative to the prop- accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this cha	per and complete red agent as prov istered office add	performance of my o ided for in Chapter	duties, and 1 608, F.S. O m that the l	I am familiar w r, if this docum	vith and ent is

Page 1 of 2

X Hell I Thanging Registered Agent, Signature of New Registered Agent

or Managin	g Member being added or removed fro	s on our records, <u>enter the title, name, a</u> om our records:	nd address of each Manager		
MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
<u>MGR</u>	WilFred D. Hellner	Longavood, Fla	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove SCO Add Remove Remove		
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if ne	Add Remove		
_					
_					
Dated() _z	-	er or authorized representative of a member			
	Typed	e lln rn d or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00