

LD3000039587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

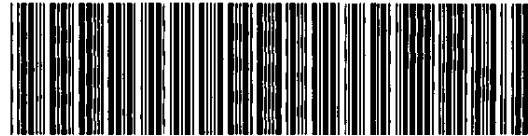
Special Instructions to Filing Officer:

**L. SELLERS**

SEP 29 2010

**EXAMINER**

Office Use Only



400185659414

09/27/10--01016--026 \*\*60.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 27 PM 1:51

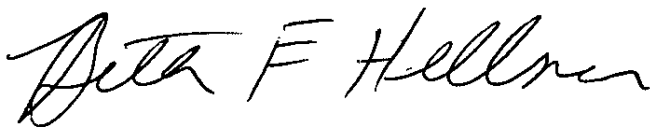
**FILED**

Florida Department of State  
September, 28<sup>th</sup>, 2010  
Amendment to the LLC

Please Make the amendments to Dreams Come true  
Home Inspections LLC and add Wilfred O Hellner as  
a MGR.

Send the Certified copy and Certificate of status to:

Beth F Hellner  
104 Marcy Blvd  
Longwood, Florida 32750

A handwritten signature in cursive script that reads "Beth F Hellner". The signature is written in dark ink and is positioned above the printed name and phone number.

Beth F Hellner  
407-484-0093

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Dreams Come True Home Inspections 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:

**Beth F Hellner**

Name of Person

**Dreams Come True Home Inspections LLC**

Firm/Company

**104 Marcy Blvd**

Address

**Longwood, Florida 32750**

City/State and Zip Code

**bhel521@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Beth F Hellner**

Name of Person

at ( 407 )

**484-0093**

Area Code & Daytime Telephone Number

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

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

**Dreams Come True Home Inspections 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 10/16/2003 and assigned  
Florida document number L03000039587.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

N/A

**New Registered Office Address:**

Enter Florida street address

City, Florida

City

Zip Code

FILED  
10 SEP 27 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

N/A  
If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Wilfred O Hellner	104 Marcy Blvd Longwood, Florida 32750	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

Dated September, 24th, 2010

x Beth F Hellner  
Signature of a member or authorized representative of a member

Beth F Hellner  
Typed or printed name of signee