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SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

	ation Sections n of Corporations			
SUBJECT: Dr	ream Home Services LLC			
	(Name of Limited Liability Company)			
	ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:			
	Edmundo Pariente			
	(Name of Person)			
	Dream Home Services LLC			
	(Firm/Company)			
	12539 Crayford Ave.			
	(Address)			
	Orlando,FL. 32837			
(City/State and Zip Code)				
For further inform	mation concerning this matter, please call:			
Edmundo Pariente at 407 687-5374				
	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check	k for the following amount:			
\$25.00 Filing Fo	Solutional copy is enclosed: Solution S			

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

Dream Home Services LLC

	(A Florida Limited Liability Company)		
first:	The Articles of Organization were filed on 11/15/2005 and assigned document number L04000082245		
SECOND:	This amendment is submitted to amend the following:		
	Article IV - Registered Agent is:		
	Edmundo Pariente		
	12539 Crayford Ave. Orlando, FL. 32837		
	Having been named as registered agent and to accept service of process for the above stated limited liability company		
	at the place designated in this certificate, I hereby accept the appoinment as registered agent and agree to act in this	3	
	capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance		
	of my duties, and I am familiar with and accept the obligations of my position as registered agent.		
	Article VII - Management		
	The limited Liability Company is to be managed by one manager or more managers and is, therefore,		
	a manager-managed company.		
Dated Oct	tober 10 , 2005	<u>05</u>	SI SI
	6 January	05 OCT L	ECRETARY (
	Signature of a member or authorized representative of a member Edmundo Pariente Typed or printed name of signee	PH 2: 00	OF STATE RPORATION
	a y print on the receipt attention of Different	_	

Filing Fee: \$25.00