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10 AUG 13 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 16 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAM FINDER PROPERTIES, 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:

Bill Shue

Name of Person

Oneir Realty Associates, LLC

Firm/Company

3030 North Rocky Point Dr

Address

Tampa, FL 33607

City/State and Zip Code

~~bill@oneir.com~~ billshue@oneir.com

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

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TALLAHASSEE, FLORIDA
REGISTRATION SECTION
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Jinx Cole

Name of Person

at (813)

287-4800

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**

DREAM FINDER PROPERTIES, 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 03/24/2006 and assigned
Florida document number L06000031643

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3030 North Rocky Point Dr
#250
Tampa, FL 33607

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TALLAHASSEE, FLORIDA

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:

William Shue

New Registered Office Address:

3030 North Rocky Point Dr Suite 250

Enter Florida street address

Tampa

Florida

33907

City

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

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	Bradford B Reddick	2326 SW 31st Ln Cape Coral, FL 33914	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	William Shue	3030 North Rocky Point Dr Suite 250 Tampa, FL 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Andrew Lutoff	PO BOX 07186 FORT MYERS Florida 33919	<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

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

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SECRETARY OF STATE

Dated July 28, 2010


Signature of a member or authorized representative of a member

Bradford B Reddick, Manager
Typed or printed name of signee