

L06000098698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

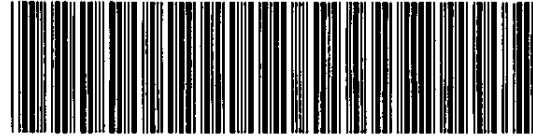
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TALLAHASSEE, FLORIDA

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3 Bush OCT --1 2013

*Prs*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DREAM CATCHER INVESTMENTS, 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:

**AMANDA GOODMAN**

Name of Person

**GOODMAN BREEN & GIBBS**

Firm/Company

**3838 TAMiami TRL N STE 300**

Address

**NAPLES, FL 34103**

City/State and Zip Code

**AGOODMAN@GOODMANBREEN.COM**

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

For further information concerning this matter, please call:

**AMANDA GOODMAN**

Name of Person

at **239 403-3000**

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



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	EVERETT HMR VAN HOESEN	7515 PELICAN BAY BLVD, #17-D	<input type="checkbox"/> Add
		NAPLES, FLORIDA 34108	<input checked="" type="checkbox"/> Remove
MGR	CAGEY MANAGEMENT SERVICES, INC.	3838 TAMIAMI TRL N STE 300	<input checked="" type="checkbox"/> Add
		NAPLES, FLORIDA 34103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated SEPTEMBER 24, 2013.



Signature of a member or authorized representative of a member

CAGEY MANAGEMENT SERVICES, INC. BY: DOROTHY M. BREEN, VP

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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