

LD7000115628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

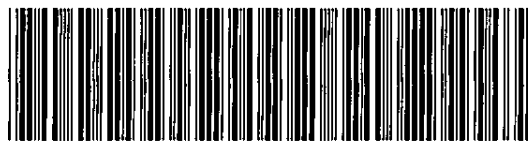
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*Jim Pearce*  
*414-2877*

08 MAR 10 PM 3:41

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04/21/08--01004--005 \*\*55.00

*Rec'd*  
*3/10/08*

*Wet*  
*4/16/08*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gulf Dreams Realty, 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:

R. Bruce Hughes  
(Name of Person)  
Gulf Dreams Realty, LLC  
(Firm/Company)  
5572 Broadcast Ct.  
(Address)  
Sarasota, FL 34240  
(City/State and Zip Code)

For further information concerning this matter, please call:

Traci R. Eyer at 941, 552-0721 x101  
(Name of Person) (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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><i>Registration Section</i>  <i>Division of Corporations</i>  <i>P.O. Box 6397</i>  <i>Tallahassee, FL 32314</i></p>		<p>A. Signature</p> <p><b>X</b> <i>DEPT OF STATE</i></p> <p>Is Restricted Delivery desired?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Is delivery restricted?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p><b>CLEARED</b></p>	
<p>2. Article Number          (Transfer from service label)</p> <p>7006 2760 0000 3684 8098</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p> <p>102505-02-14-1540</p>	

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Gulf Dreams Realty, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 PM 3:16

The Articles of Organization for this Limited Liability Company were filed on 11/16/07 and assigned  
Florida document number L07000115628.

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."

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)

Florida

(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.*

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>
MGRM	R. Bruce Hughes	13227 Palmers Creek Terrace Bradenton, FL 34202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Michael Shackelford	7015 Kingsmill Court Bradenton, FL 34202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert B. Hughes	13227 Palmers Creek Terrace Bradenton, FL 34202	<input type="checkbox"/> Add <input checked="" 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 4, 2008

R. Bruce Hughes  
Signature of a member or authorized representative of a member  
R. Bruce Hughes  
Typed or printed name of signee