

L08000009123

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000053873 3))



H120000538733ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SMALL BUSINESS RESOURCES USA, INC.  
Account Number : I20040000173  
Phone : (407)298-4646  
Fax Number : (407)297-0588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MATCH POINT HOME SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

FILED  
12 FEB 29 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

12 FEB 29 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

G. MCLEOD

MAR - 1 2012

EXAMINER

COVER LETTER FAX AUPIT# H120000538733

TO: Registration Section  
Division of Corporations

SUBJECT: Match Point Home Solutions, 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:

James K. Duerr, CPA  
Name of Person

Small Business Resources USA, Inc.  
Firm/Company

1601 Park Center Drive, Ste. 6A  
Address

Orlando, FL 32835  
City/State and Zip Code

JimD@sbrorlando.com  
E-mail address: (to be used for future annual report notification)

12 FEB 29 AM 10:11  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James K. Duerr, CPA at ( 407 ) 298-4646  
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

FAX AUPIT# H120000538733

ARTICLES OF AMENDMENT *FAX AUDIT # H12000053873*  
TO  
ARTICLES OF ORGANIZATION  
OF

Match Point Home Solutions, 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 January 24, 2008 and assigned Florida document number L08000009123.

This amendment is submitted to amend the following:

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

Dream House Holdings, LLC

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)*

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:

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.*

If Changing Registered Agent, Signature of New Registered Agent

*FAX AUDIT # H12000053873 3*

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: **FAX AUDIT# H120000538733**

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Match Point Investment PROPERTIES, LLC	1583 E. Silver Star Rd. Suite 209 Ocoee, FL 34761	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jae Hong	1583 E. Silver Star Rd. Suite 209 Ocoee, FL 34761	<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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated January 27, 2012



Lynn A. Thompson, managing member  
Signature of a member or authorized representative of a member

Lynn A. Thompson, MGRM  
Typed or printed name of signee

**FAX AUDIT# H120000538733**