

L08000009123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

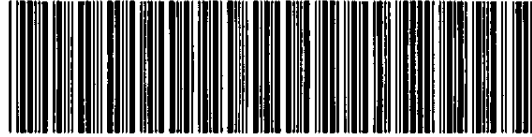
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Handwritten notes in the special instructions box, including "1-11-15" and "Amend".*

Office Use Only



900268546219

~~L07-44912~~  
Amend

02/02/15--01015--012 \*\*43.75

L08-9123

FILED  
15 MAR -2 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 3 - 2015

N. CAUSSEAU

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** DREAM HOUSE GROUP, LLC

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAE HONG  
Name of Contact Person

DREAM HOUSE SERVICES, INC  
Firm/ Company

P.O. BOX 607100  
Address

ORLANDO, FL 32860  
City/ State and Zip Code

JAE.HONG@DREAMHOUSEHOLDINGS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAE HONG at ( 407 ) 489-3223  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2015

JAE HONG  
DREAM HOUSE SERVICES, INC.  
P.O. BOX 607100  
ORLANDO, FL 32860

SUBJECT: DREAM HOUSE GROUP, LLC  
Ref. Number: L07000044912

We have received your document for DREAM HOUSE GROUP, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 315A00002757

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Dream House Holdings, 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:

**Jae Hong**

Name of Person

**Dream House Holdings, LLC**

Firm/Company

**P.O. Box 607100**

Address

**Orlando, FL 32860**

City/State and Zip Code

**jae.hong@dreamhouseholdings.com**

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

For further information concerning this matter, please call:

**Jae Hong**

at ( **407** ) **489-3223**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 House Holdings, LLC

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

**FILED**  
15 MAR 22 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/25/2008

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:**

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:**

6724 Brittany Chase Court

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32810

**Enter new mailing address, if applicable:**

P.O. Box 607100

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, FL 32860

**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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	THOMPSON, LYNN A	501 S. KIRKMAN ROAD, SUITE 616679	<input type="checkbox"/> Add
		ORLANDO, FL 32861	<input checked="" type="checkbox"/> Remove
MGRM	HONG, JAE	P.O. Box 607100	<input checked="" type="checkbox"/> Add
		Orlando, FL 32860	<input type="checkbox"/> Remove
MGRM	HONG, JAE	1583 E. SILVER STAR RD., STE. 209	<input type="checkbox"/> Add
		OCOOEE, FL 34761	<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.)*

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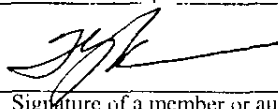
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 20 2015



Signature of a member or authorized representative of a member

Jae Hong

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
15 MAR -2 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA