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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

AUG BY AND

EXAMINER

COVER LETTER

TO:	Registration So Division of Co			v.		
SUBJE	ECT:	Drea	am Estates			
		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Charles Franklin				
			Name of Person			
			Firm/Company			
		151 Ea				
			Address			
		0	Orlando, Florida 32802 City/State and Zip Code			
		charlesfr	* **• .			
For fur	ther information of	E-mail address: (i concerning this matter, please c	to be used for future annual report notif	ication)		
	Cha	arles Franklin	at (407)	883-2618		
	Name o	of Person	Area Code & Daytim	e Telephone Number		
Enclose	ed is a check for t	he following amount:				
]\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed		f Status &	
	MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF CORPORATIONS OF

11 AUG 26 PM 12: 29

	1 ESTATES, L.L.C.		• • •
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number L10000088036	Company were filed on	08/23/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :	
Dre	am Estates, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>		
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:		,,	
New Registered Office Address:			
	En	nter Florida street add	ress
	Cit.	, Florida	Zip Code
	City		zip Coae

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Managing Charles Franklin 151 East Washington Street PH3B ✓ Add Member Orlando, Florida 32801 Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 23 2011 Dated or authorized representative of a member Signature of a member Matthew Farr

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00