

L110000006930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

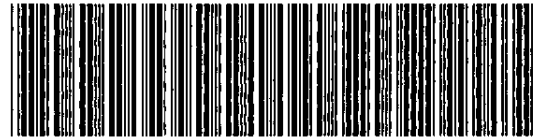
Special Instructions to Filing Officer:

A. LUNT

JUL 19 2011

EXAMINER

Office Use Only



500210069575

07/18/11--01037--005 **25.00

FILED
2011 JUL 18 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*emailed to
Tim H. 7/12/2011*

Rick Scott, Governor
Ken Lawson, Secretary

June 21, 2011

American Dream Realty Management LLC
701 White Boulevard
Inverness, FL 34453

RECEIVED JUN 24 2011

RE: Florida Real Estate Commission
Application Number: 189649, Profession 2502

Dear Sir or Madam:

We have received the additional information you submitted, however, we are still unable to complete the processing of your application for the following reasons:

Information provided by the Department of State, Division of Corporations does not reflect Nathaniel Orange as an Officer/Director or Member/Manager. Please update your registration with Department of State Division of Corporations to add his name. Once you have updated your registration and the broker's name is displayed we will continue processing your application.

Once we have received this information, we will complete our review of your application. Your application will remain in an incomplete status until such time you have submitted all the requested information for review. In the meantime, if you would like to check the status of your application or have any questions, please visit our website at www.myfloridalicense.com. You may also contact the Department at call.center@dbpr.state.fl.us or by calling 850.487.1395.

To help us process your request more efficiently, please provide your application number on all correspondence. Mail all correspondence, including a copy of this letter, to:

DBPR-Central Intake
1940 N Monroe Street
Tallahassee, FL 32399-0783

We look forward to working with you in the years ahead.

jpw

COVER LETTER

TO: ✓ **Registration Section
Division of Corporations**

SUBJECT: American Dream Realty Management 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:

Jack Dotson

Name of Person

American Dream Realty Management LLC

Firm/Company

701 White Blvd

Address

Inverness, FL 34453

City/State and Zip Code

Jack@fliha.org

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

For further information concerning this matter, please call:

Jack Dotson

Name of Person

at (352)

726-1113

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

2011 JUL 18 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

American Dream Realty Management 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 1/18/2011 and assigned
Florida document number L11000006930.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2011 JUL 18 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>
MBR	Florida Low Income Housing	701 White Blvd Inverness, FL 34453	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Nathaniel Orange	5325 Emerson Street Jacksonville, FL 32207	<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)

2011 JUL 18 PM 2:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

Dated July 12, 2011

Signature of a member or authorized representative of a member

Jack T. Dotson, CFO

Typed or printed name of signee