## 117000153848

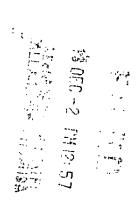
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## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Dream Fchicvers Realty Company  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:
Paul Taylor Name of Person
Dream Achievers Beatty Firm/Company
East Johnson Avenue
Perfacola, Florida 32514 City/State and Zip Code
Dream Fichi evers Realty amillo com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Poul Toylor at (850) 37(0-5838)  Name of Person at (850) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Cert

**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

	City	$\overline{z}$	ip Code	?
<u></u>		_, Florida		
non registrou Office Address.	Enter Flor	ida street address		
New Registered Office Address:				
Name of New Registered Agent:				
registered agent and/or the new registered office address l	<u>here</u> :			
B. If amending the registered agent and/or registered		ords, <u>enter the r</u>	iame o	f the nev
		Garger (Garger)	<u>-</u> -1	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		P.N	5	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			77	2.2
P. 4. 9. 13 46 9 15		3 45 Jan 188	1	
		Tana dip		- IT 1
(Principal office address MUST BE A STREET ADDRESS	2	Stephen Stephe	nage B	
Enter new principal offices address, if applicable:				<u> </u>
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the	designation "LLC"	or the a	abbreviatio
A. If amending name, enter the new name of the limited I	iability company here:			
This amendment is submitted to amend the following:				
Florida document number <u>L\3000\53849</u> .	,			
The Articles of Organization for this Limited Liability Compa	any were filed on <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	113	and ass	igned
(A Fiorida Limite	is the company	1		
(Name of the Limited Liability Com	pany as it now appears on our ed Liability Company)	records.)		
Dream Achievers I	2entri			

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 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>:

MGK = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Paul Morton Taylor	230 East James Aux	Add Add
		Pereocola, FL 32514	_ Remove
			Add Remove
	<del></del>		Add Remove
		#134.	Add Remove
			Add Remove
			Add Remove

D. If am	anding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ţ.	
ated <u> </u>	<u>lovember 26, 2013.</u>
	Paul MVayler
	Signature of a member or authorized representative of a member
	Hou Morton Aylox Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00