114000059173

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SECRETARY OF STATE

AUG 1 2 2014

T. BROWN

COVER LETTER

TO: Registration Section of Corp		•	
SUBJECT: Dre		Florida LLC ited Liability Company	
	mendment and fee(s) are sub		Document # L14000059173
		Shochridge Name of Person	
	Dream	Villas Florida Firm/Company	ille
	139 ,	Belfry Drive	<u></u>
	_ Daveno	Port FL 3389 City/State and Zip Code	7
	E-mail address: (regal - Pulms . Con to be used for future annual report	notification)
For further information con	ncerning this matter, please ca	all:	
Philip Shoo	ebridge Person	at (<u>&&3</u>) 35	54-6366 vtime 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ARTICLES OF AMENDMENT
TO 1/2 //
ARTICLES OF ORGANIZATION
OF CAR I CO
Market Committee and the committee of th
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF DREAM VILLAS FLORIDA LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(Name of the Limited Liability Company as it now appears on our records.)
The Articles of Organization for this Limited Liability Company were filed on 04/10/2014 and assigned
Florida document number <u>L14000059173</u> .
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)
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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robert Farmer	628 North Hampton Dr	Add
		Davenport, FL 33897	[] Remove
An120	Richard WWW	2700 C. 1600 - D.1	
<u>Hubk</u>	Michara Wilkes	2700 Sand Mine Rd. Davenport, FL 33897	
AMBR	Russel Christner	2700 Sand Mine Rd	
		Davenport, FL 3389	Z □ Remove
	MA VI		□ Add
			□ Remove
			□ Add
			Remove
			□ Add
	·		Remove

(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 August 1 Signature of a member or authorized representative of a member Philip Shoebridge	-11 amend	ling any other information, enter change(s) here: (Allach additional sheets, if necessary.)
(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 August / 2014 Signature of a member or authorized representative of a member Phil. p Shoebridge		
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 August / 2014 Signature of a member or authorized representative of a member Philip Shoebridge		
(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 August / 2014 Signature of a member or authorized representative of a member Phil.'p Shoebridge		
Signature of a member or authorized representative of a member Phil.'p Shoebridge	(The effection	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
Philip Shoebridge	Dated	August 1 2014.
Philip Shoebridge		Signature of a member or authorized representative of a member
Typed or printed name of signee		Philip Shoebridge

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Filing Fee: \$25.00