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SECRETARY OF STATE
TALLAHASSEE ELOSIE.

COVER LETTER

TO: Registration Division of C	Section Forporations	•			
A P. B. T. B. D. B. D. A. ACRES	ESTORS, LLC				
SOBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	Dante Martorella				
		Name of Person			
				18 SE SE	
		Firm/Company		DCT CKE I	-11
	2538 SW 177th Ave.			T 17	=
		Address			ILED
	Miramar, FL 33029			PM 3: 33 DESTATE FLORIDA	•
		City/State and Zip Code		DA DA	
	gmfinancialsystems(lc@)	/anoo.com to be used for future annual report notif	intima)		
For further information	concerning this matter, please e	·	reaction?		
Dante Martorella		786 859-9560			
Name	e of Person	at ()	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 radditional copy is enclosed)	Certified C	of Status &	
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n itions iter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3M Investors, 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 $_{-}^{01/05/2018}$ and assigned Florida document number L1800004385 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DREAM HOMES IN USA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Office Address: Enter Florida street address City

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Add
		☐ Remove	
			Change
			☐ Remove
		☐ Change	
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		<u> </u>
-	<u>. </u>	
Effective date, if other than the offen effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or reck does not meet the applicable statutory filing	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3 ng requirements, this date will not be listed as th
he record specifies a delayed The 90th day after the reco	effective date, but not an effective rd is filed.	time, at 12:01 a.m. on the earlier of:
Dated October 10	. 2018	
	Signature of a member or authorized representative	e of a member
Dante Martorella	-	
	Typed or printed name of signee	·

Page 3 of 3

Filing Fee: \$25.00