

L22 000 211 194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

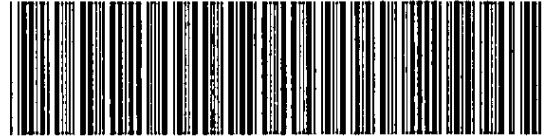
(Business Entity Name)

(Document Number)

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10/31/22--01009--001 \*\*25.00

2022 OCT 31 AM 6:29  
STATE  
CLERK

A. BUTLER

JAN 20 2023

## COVER LETTER

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

SUBJECT: Dream Homes Contracting 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:

Scott Norsman  
Name of Person

Dream Homes Contracting  
Firm/Company

8334 Century Point Ja  
Address

Jax FL 32216  
City/State and Zip Code

Dream Homes Contracting LLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Norsman at (904) 947-8702  
Name of Person 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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

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

FILED

Dream Homes Contracting LLC 2022 OCT 31 AM 6:29  
(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 05/04/2022 and assigned  
Florida document number 12200021194

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 contain 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)**

8334 Century point N  
Jax, FL 32216

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8334 Century point N  
Jax FL 32216

**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 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**

**MGR = Manager**  
**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                       | <u>Type of Action</u>                   |
|--------------|-------------------|--------------------------------------|---|
| AMBR         | Brandon Hollnagel | 8334 Century Point N<br>Jax FL 32216 | <input checked="" type="checkbox"/> Add |
|              |                   |                                      | <input type="checkbox"/> Remove         |
|              |                   |                                      | <input type="checkbox"/> Change         |
|              |                   |                                      | <input type="checkbox"/> Add            |
|              |                   |                                      | <input type="checkbox"/> Remove         |
|              |                   |                                      | <input type="checkbox"/> Change         |
|              |                   |                                      | <input type="checkbox"/> Add            |
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|              |                   |                                      | <input type="checkbox"/> Add            |
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|              |                   |                                      | <input type="checkbox"/> Change         |
|              |                   |                                      | <input type="checkbox"/> Add            |
|              |                   |                                      | <input type="checkbox"/> Remove         |
|              |                   |                                      | <input type="checkbox"/> Change         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Adding Manager to company  
Brandon Hollnagel  
8234 Century point N  
Jax FL 32216

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/27/2012

/s/ Scott Nopsman

Signature of a member or authorized representative of a member

- Scott Nopsman

Typed or printed name of signer

Filing Fee: \$25.00