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(Address)

(City/State/Zip/Phone #)

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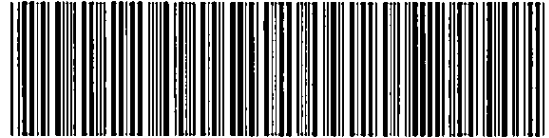
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**DATE: 10/17/2022**

**NAME: DREAM BUILDERS RENOVATIONS LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*PHodge*

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## COVER LETTER

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

SUBJECT: DREAM BUILDERS RENOVATIONS 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:

OLGA RAMOS

\_\_\_\_\_  
Name of Person

FREEDOM TAX SERVICE OF SOWTHWEST FLORIDA

\_\_\_\_\_  
Firm/Company

12355 COLLIER BLVD STE H

\_\_\_\_\_  
Address

NAPLES, FL 34116

\_\_\_\_\_  
City/State and Zip Code

olgaramos0524@gmail.com

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

For further information concerning this matter, please call:

OLGA RAMOS

239 799 2050  
at ( )

\_\_\_\_\_  
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  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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**

**A.MBR = Authorized Member**

[illegible]

[illegible]

**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.

Dated 09/21 2022

OLGA RAMOS

## ACCOUNTING

Typed or printed name of signee