

N080000000000720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

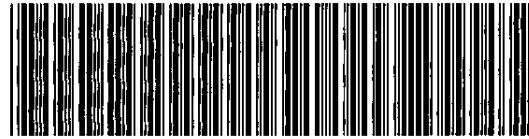
(Business Entity Name)

(Document Number)

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12/20/10--01036--006**35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 20 PM 1:28

Amend
@ 12/22/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Dream Home Organization, Inc

DOCUMENT NUMBER: N08000006720

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adriana Knies

(Name of Contact Person)

Dream Home Organization, Inc

(Firm/ Company)

201 North University Drive #105

(Address)

Plantation, FL 33324

(City/ State and Zip Code)

adrianaknies@bellsouth.net

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

For further information concerning this matter, please call:

Adriana Knies

(Name of Contact Person)

at (954) 474-4884

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Dream Home Organization, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N08000006720

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 DEC 20 PM 1:28

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

n/a

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

n/a

n/a

n/a

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

n/a

n/a

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

n/a

n/a

New Registered Office Address:

(Florida street address)

n/a

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
n/a			<input type="checkbox"/> Add <input type="checkbox"/> Remove
n/a			<input type="checkbox"/> Add <input type="checkbox"/> Remove
n/a			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Dream Home Organization, Inc, located at 201 North University Drive #105 - Plantation
 Florida a IRS Code 501 (c) 3 - is an authorized housing counseling agency, that provides
 services to all individuals, prohibits discrimination in all its programs and activities
 on the basis of race, color, national origin, age, disability, and where applicable, sex,
 marital status, familial status, parental status, religion, sexual orientation,
 genetic information, political beliefs, reprisal, or because all or a part of an individual's
 income is derived from any public assistance program.

The date of each amendment(s) adoption: 12/15/2010

(date of adoption is required)

Effective date if applicable: 12/15/2010

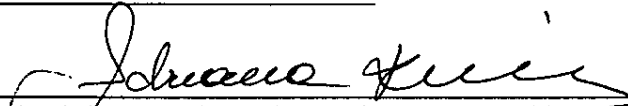
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/15/2010

Signature


(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Adriana Knies

(Typed or printed name of person signing)

Executive Director

(Title of person signing)