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And

JUN 20 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: DREAM H	HOME ORG	ANIZATION, INC
DOCUMENT NUMBER: NO800006	720	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
ADRIANA KNIES		
	(Name of Contact Person)
DREAM HOME ORGAN	IZATION, IN	NC.
	(Firm/ Company)	
7390 NW 5TH STREET	#4	
	(Address)	
PLANTATION, FL 33317	7	
	(City/ State and Zip Code	e)
adrianaknies@be		
E-mail address: (to be used		notification)
For further information concerning this matter, please	call:	
ADRIANA KNIES	_{at (} 954	<u>474-4884</u>
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment Articles of Incorporation of



DREAM HOME ORGANIZ	ZATION, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	Estate Should have a
The Hall the state of the state		•
(Docum	ent Number of Corporation (if known)	
ursuant to the provisions of section 617.100 mendment(s) to its Articles of Incorporation		r Profit Corporation adopts the follo
. If amending name, enter the new name	e of the corporation:	
		The
ame must be distinguishable and contain th		l" or the abbreviation "Corp." or "I
Company" or "Co." may not be used in th	<u>e name</u> .	
Enter new principal office address, if a		
rincipal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u>)	

Enter new mailing address, if applical	ble:	
(Mailing address MAY BE A POST OF		
		<u> </u>
. If amending the registered agent and/o		enter the name of the
new registered agent and/or the new r	egistered office address:	
Name of New Registered Agent:		
_	(Florida street address)	
New Registered Office Address:		
_		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if char	nging Registered Agent:	
hereby accept the appointment as registere	ed agent. I am familiar with and accept	the obligations of the position.
 .	Signature of New Registered Agent, if ch	nanging

Page 1 of 4

th amending the Officers and the 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	BROWN, WINSTON	4741 NW 8TH DRIVE
Add			PLANTATION, FL 33317
X Remove			•
2) Change	D	VILLALON, ROBERT C	7221 NW 11 PLACE
X			PLANTATION, FL 33313
Remove			
3) Change			
Add			-
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
() Changa			
6) Change			
Remove			

tach additional sh	ling Aditional Ar eets, if necessary).	. (Be specific)				
						
						
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<u>.</u>						
		<u> </u>				
		<u>.</u>				

The	date of each amendarrat	(s) adoption: 05/21/2014	is other than the		
	this document was signed				
Eff	Effective date if applicable: 05/21/2014				
2,11		(no more than 90 days after amendment file date)			
Ad	option of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/w was/were sufficient for ap	rere adopted by the members and the number of votes cast for the amendment(s) oproval.			
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.			
	Dated 06/	05/2014			
	Signature	was the	_		
	have r	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)			
	ADRIANA KNIES				
		(Typed or printed name of person signing)			
	EXECU	JTIVE DIRECTOR			
		(Title of person signing)			