## P21000017578

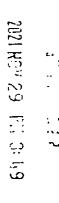
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## **COVER LETTER**

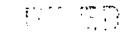
TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: DREAM HOMES Sales Corp  DOCUMENT NUMBER: P210000 17578					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person  Dream Homes Sales Corp  Firm/ Company  2450 S.W 137 ave # 235  Address  Miami FL 33175  City/ State and Zip Code  dreamhomesales 44 @ gracil. Wird  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
1bet Quintona Garcia at 305 793-9764 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee					

Mailing Address

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

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

## Articles of Amendment to Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept, of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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

Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

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	PT John D	<u>)oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	iones	
<u>X</u> Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTD	Marieva Briceño	11615 N.W 78LN
Add		•	Doral FL 33178
Remove 2) Change	VP	Alina A. Rubi	2450 S.W 137ave #235
_/_ Add	<u></u> 1	111100	Miami Pl 33175
	P	Ibet Quintana Garia	2450 S.W 137 AVE #235
Add			Miami A 33175.
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
	/
	<u>/</u>
X	
	•
	1
If an amendment provides for an exchange, reclassification, or cancellation of issued sharpy signs for implementing the amendment if not contained in the amendment itself:	iares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

·. ·

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not document's effective date on the Department of S		nts, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHE</u>	CCK ONE)	
[] The amendment(s) was/were adopted by the in action was not required.	acorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		mendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The follow group entitled to vote separately on the amendm	
"The number of votes cast for the amend	lment(s) was/were sufficient for approval	
by	<b>,</b> •	
	g group)	
	ent or other officer – if directors or officers have porator – if in the hands of a receiver, trustee, or	
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<u> 16e</u>	yped or printed name of person signing)	19
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Pie	adenl	
(1	'itle of person signing)	



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October 25, 2021

IBET QUINTANA GARCIA DREAM HOMES SALES CORP. 2450 SW 137 AVE #235 MIAMI, FL 33175 US

SUBJECT: DREAM HOMES SALES CORP

Ref. Number: P21000017578

We have received your document for DREAM HOMES SALES CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU COMPLETED THE INCORRECT FORM. YOU COMPLETED A FLORIDA PROFIT SOCIAL PURPOSE CORPORATION FORM. PLEASE COMPLETE THE ATTACHED PROFIT CORPORATIONFORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 321A00025982

We received this letter but you kept the Money Order.

www.sunbiz.org