

**W03 000039389**

Florida Department of State  
Division of Corporations  
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To:  
 Division of Corporations  
 Fax Number : (850) 617-6383

From:  
 Account Name : WHWW, INC.  
 Account Number : I20060000124  
 Phone : (407) 246-6584  
 Fax Number : (407) 645-3728

2008 JUN 25 AM 8:06  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**SKOLFIELD HOMES, LLC**

Certificate of Status	0
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**T. CLINE**

JUN 26 2008

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Corporate Filing Menu

Help **EXAMINER**

H080001594823  
**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Skolfield Homes, 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:

Harold L. Downing, Esquire  
(Name of Person)  
Winderweedle, Haines, Ward & Woodman, P.A.  
(Firm/Company)  
329 Park Avenue North, Second Floor  
(Address)  
Winter Park, FL 32789  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Vanessa J. DiSimone, Esquire at ( 407 ) 423-4248  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

H080001594823

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Skolfield Homes, LLC

(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 October 15, 2003 and assigned Florida document number L03000039389

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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 608, 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)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anthony B. Rizzo	118 West Comstock Avenue Winter Park, FL 32789	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

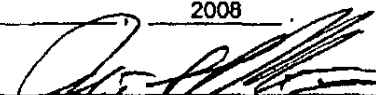
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STATE  
TALLAHASSEE  
FLORIDA

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

Not applicable

Dated June 24 2008

  
Signature of a member or authorized representative of a member

John T. Skolfield, III  
Typed or printed name of signee