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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

то;	Registration Section Division of Corporations						
SUBJECT: Inside Homes, LLC							
	Name of Limited Liability Company						
The end	closed Articles of Amendment and fee(s) are submitted for filing.						
Please 1	return all correspondence concerning this matter to the following:						
	Autumn Hancock Name of Person						
	Law Office of Tara J. Scott, P.A.						
	8950 9th St. N. Ste 204						
,	St. Peters burg, FL 33702 City/State and Zip Code AUTUMN @ SUCH ATIME AS THIS. ORG E-mail address: (to be used for future annual report notification)						
For furt	E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:						
AU	TUMN HANCOCK at (727) 329 - 8741 Name of Person Area Code & Daytime Telephone Number						
	, and could be buy time to oppose than the second buy time to oppose that the second buy time to oppose that the second buy time to oppose that the second buy time to oppose the second b						
	d is a check for the following amount:						
\$25	00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \$\ \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inside Homes,	11	<u> </u>				_	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company nited Lia	as it now a bility Comp	ppears on ou any)	ır records.)			
The Articles of Organization for this Limited Liability Conforda document number <u>L1000057315</u>	npany w	ere filed or	may	26,20	<u>10</u> and	assign	ed
This amendment is submitted to amend the following:							•
A. If amending name, enter the new name of the limite	d liabili	ty compan	<u>v here</u> :				
The new name must be distinguishable and end with the words "L.L.C."	"Limited	d Liability C	Company," th	e designation "l	LLC" or th	ie abbr	eviation
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>						
Enter new mailing address, if applicable:		 	 				
(Mailing address MAY BE A POST OFFICE BOX)							
	•						
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ce address	on our re	cords, <u>enter</u>	the name	e of th	he new
					TES.	<u> </u>	
Name of New Registered Agent:					- EA	<u>-</u>	CORRECT CORREC
New Registered Office Address:			Eutov Elo	rida street add			<u> </u>
			Enter Pio		T. S. S. S.	AH	8
		City		, Florida	20 1	ođe.	****
New Registered Agent's Signature, if changing Registered					A.	ω	

I hereby accept the appointment as registered agen't 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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action			
MGMM	Richard L. Grieghame	2 7148 Seminole, BIVD Seminole, FL 33772	Add Remove			
			Add Remove			
***************************************			Add Remove			
	·		Add Remove			
		·	Add Remove			
	·		Add Remove			
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_			
 Dated						
-	Hara Scott Me Signature of a member of Tara Scott Me	rauthorized representative of a member	<u></u>			
		printed name of signee	. " '12			

Page 2 of 2

Filing Fee: \$25.00