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| Special Instructions to Fi | ling Officer: | |
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SECRE JARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: 157 Response Home Inspections Name of Limited Liability Company | 14 C |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Hathony Mehriens Name of Person | |
| Ist Response Home Inspect | 7 |
| 435 Wooderess 5. Address | AR & T |
| Address | 28 ASS |
| Winter Springs, FL. 327 City/State and Zip Code | FILE D 2009 AUG 28 PM 4: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | , |
| Harthony Mehrien 3 at (407) 342-64 Name of Person Area Code & Daytime Te | 14 Elephone Number |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{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

ARTICLES OF AMENDMENT • TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Com (A Florida Limited | pany as it now appears on ou | r records.) |
|--|-------------------------------|--------------------------------------|
| (A Florida Limited | d Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | ny were filed on <u>5/1</u> | 103 and assigned |
| Florida document number <u> </u> | ``` | |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| Ist Response Headlight. The new name must be distinguishable and end with the words "Li | Restoration | n "LLC" |
| The new name must be distinguishable and end with the words "Li "L.L.C." | mited Liability Company," the | designation "LLC" or the abbreviatio |
| | | 2009 SEC |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | AHAS |
| | | <u> </u> |
| | | PH +: Ot |
| Enter new mailing address, if applicable: | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address here. | | ords, enter the name of the new |
| The second secon | <u> </u> | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Flor | ida street address |
| | | |
| | City | , Florida |
| | CHI | zan Coae |

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 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> | Address | Type of Action | |
| | | | Add Remove | |
| | | | Add Remove | |
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| <u>-</u> | | | Add Remove | |
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| | | | FEF STATE | |
| | | e(s) here: (Attach additional sheets, if necessar | ▶ v.) | |
| - | No longer doing H changing To Head | light Restoration | | |
| | | | <u> </u> | |
| Dated | Hugust 25, 200 | | | |
| | Signature of a member Anthony Typed | or authorized representative of a member | | |
| | Typed | or printed name of signee | | |

Page 2 of 2

Filing Fee: \$25.00