L0/000008118

| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | — |
| | |
| (Document Number) | _ |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| JAN 24 2008 | |
| EXAMINER | |

Office Use Only



900114758619

01/22/08--01010--016 **25.00

2008 JAN 22 P 1: 56 SECRETARY OF STATE

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------|--------------------------------------|--|---|--|
| SUBJI | ECT: Just Hom | es, LLC | | |
| | • | (Name of Limi | ited Liability Company) | |
| • | | Amendment and fee(s) are sub | - | |
| Please | return all correspor | ndence concerning this matter | to the following: | |
| | | Anthony Salamone | | |
| | | | (Name of Person) | |
| | | Just Homes, LLC | (Firm/Company) | TA SECTION TO |
| | | 12121 Little Rd. #244 | | FILE JAN 22 SECRETARY |
| | | | (Address) | |
| | | Hudson, Fl. 34667 | (City/State and Zip Code) | I: 56 |
| For fur | ther information co | oncerning this matter, please ca | all: | . · |
| Anth | ony Salamone | S Donney) | at (<u>727</u>) <u>869-7889</u> (Area Code & Daytime | Palankana Mumban |
| | (Name of | rerson) | (Area Code & Daytime | retephone Number) |
| Enclos | ed is a check for the | e 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) |
| | | NG ADDRESS: | STREET/COURIER Registration Section | R ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Just Homes, LLC | | | |
|---|---|-------------------|---|
| (Name of the Limited Li (A F | ability Company as it now appears on or orida Limited Liability Company) | ur records.) | |
| The Articles of Organization for this Limited Liab | oility Company were filed on 5/18/200 |)1 | and assigned |
| Florida document number <u>L0100008118</u> | · | | |
| This amendment is submitted to amend the follow | ing: | | |
| A. If amending name, enter the new name of t | he limited liability company here: | | |
| The new name must be distinguishable and end with t | the words "Limited Liability Company," th | ne designation "L | LC" or the abbreviation |
| "L.L.C." | | 2008 SECR | - |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | registered office address on our re | conds enter ti | ne name of the new |
| registered agent and/or the new registered office | e address here: | 22 ARY SSE | 7 |
| | | ωO | m |
| | | FS | |
| Name of New Registered Agent: | | RA : | |
| | | A O | • |
| New Registered Office Address: | | | <u></u> _ |
| (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)

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|--|----------------|
| MGRM | Penny Perry | 11809 Smith Blvd Hudson, Fl. 34667 | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| | | | Add Remove |
| | | LLAHASSEE | JAN Add |
| | | E. FLORIDA | Add Remove |
| D. If amend | ling any other information, enter chang | e(s) here: (Attach additional sheets, if neces | ssary.) |
| | | | |
| Dated Janu | ary 19 2008 | <u></u> | |
| | | or authorized representative of a member | |
| | Anthony Salamone Typed | or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00