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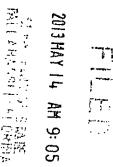
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J. SAULSBERRY EXAMINER

M11 / 1 / 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

HausVestors LLC Name Change

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:

Karl R Schulz

Name of Person

HausVestors LLC

Firm/Company

192 Par Drive

Address

Royal Palm Beach, FL 33411

City/State and Zip Code

1003Karl@Comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karl R Schulz

Name of Person

...561、379-7881

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAUSVESTORS LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our relited Liability Company)	cords.)	<u> </u>	
The Articles of Organization for this Limited Liability Com	npany were filed on 5/28/2002	_	and assi	igned
Florida document number L02000012896				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
FRIDAY Realty LLC				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the des	ignation "LLC	" or the a	bbreviation
Enter new principal offices address, if applicable:		7	20 3 HA	
(Principal office address MUST BE A STREET ADDRES	<u> </u>		س <u>تد</u>	ام پید مدن و کا
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Enter new mailing address, if applicable:			R	,
(Mailing address MAY BE A POST OFFICE BOX)		(T) (T)	9:0	
Training time cos man a serial cost cost a serial s		<u> </u>	<u> </u>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		s, <u>enter the</u>	name o	f the nev
Name - Chiang Depletaned A make				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street address		
			•	
	, F	florida	Zip Code	,
	CRV		$\mu \nu \cup \nu u e$	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
•			
			Add
			Remove
			Add
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			Remove

ir amending any other information, ent	er change(s) here: (Altach adaltional sheets, if necessary.)
•	
	<u> </u>
ed May 6	2013
Signature of KARL R SCHULZ	a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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