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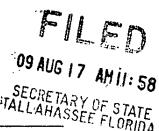
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: V4 N 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:	
Vincent Mo-1er Name of Person	
VLN HOMES LLC Firm/Company	
7933 Miramar Parkway	
Mivamar FL 33023 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (954) 805 093 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee \& \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(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



V4N Homes,	LLC	TALLAHASSEE FLORIL
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our record Liability Company)	is.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LO200002028</u>	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designa	ution "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7933 Miram	ar Parkway
(Principal office address MUST BE A STREET ADDRESS)	7933 Miram Miramar FL	33023
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7933 Miramar Miramar FL	Part way 33023
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:		Annual Marian
New Registered Office Address:	Enter Florida str	eet address
	, Flor	ida
	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

	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
f amen —	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	'y.)
			09 AUG SECRET
_			- 15 - 3
_ _ _ d		OOG. OGM ber or authorized representative of a member of Ver	TARY OF STATE ASSEE FLORIDA

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