L04000029317

| (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: |
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06/19/08--01009--001 **25.00

SECRETARY OF STATE

T. HAMPTON
JUN 2 0 2008
EXAMINER

COVER LETTER

| TO: Registrátion Section Division of Corporations |
|---|
| SUBJECT: ABODE BUILDERS, LLC (Name of Limited Liability Company) |
| (common discounty) |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Henry A. Richardson (Name of Person) |
| ABODE BUILDERS, LLC (Firm/Company) |
| 3635 3. Coolidge Av |
| Tampa, FL <u>33629</u> (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Henry A. Richardson at (813) 831-0140 (Name of Person) (Area Code & Daytime Telephone Number) |
| . (Nea code de Dayinne Pelephone Namoer) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 | | | |
|--|--|---------------------------------------|---|--|
| ABODE BUILDER (Name of the Limited Liability (A Florida I The Articles of Organization for this Limited Liability C Florida document number L0400029317 | Company as it now appear limited Liability Company) ompany were filed on | 3 30 2004 | FILED BEN 128849 JUN 19 PM 128849 AHASSEE, FLORDA | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limi | ted hability company ner | <u>e</u> : | | |
| The new name must be distinguishable and end with the wor "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR | 3635 S | ny," the designation "I . Coolidge | , _ | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3635 9 Tamp | S. Coolida a, Fl 336 | z9 | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office address. | | our records, <u>enter t</u> | he name of the new | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| new registered office address. | (Enter Florida street address) | | | |
| | | | | |
| | (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 = M MGRM = | anager Managing Member | | |
|-------------------|---------------------------|--|--------------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | · | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | = · · | ge(s) here: (Attach additional sheets, if nece | |
| | 4101 W. Leona St. | | |
| - ~ | Tempa. FL 33629 | Hens A - same | - aba me |
| <u>11</u> Dated | Nemal. | Minimulation of a member | charge datress as above. |
| | | Page 2 of 2 Filing Fee: \$25.00 | FILED IN 19 PM 12: 49 INSSEE FLORIDA |