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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Acorn Homebuilders, 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:
Jeffrey D. Isaacson
(Name of Person)
Quality Tree Farm, LLC
(Firm/Company)
PO Box 409
(Address)
La Crosse, FL 32658
(City/State and Zip Code)
For firsthan information concerning this matter place with
For further information concerning this matter, please call:
Jeffrey D. Isaacson at (352) 222-1634 CT CO
(Name of Ferson) (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}\$\$ (additional copy is enclosed) \$\ \text{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

Acorn Homebuilders, LLC			
(Name of the Limited Li	iability Company as it now appears on ou lorida Limited Liability Company)	ır records.)	
(A P	iorida Limited Liability Company)		
The Articles of Organization for this Limited Liab	oility Company were filed on June 21,	2004	and assigned
Florida document number <u>L04000046413</u>	 '		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:	IAI	~
Quality Tree Farm, LLC		E8 5	7 nao
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the	e designation "La	C" or the abbreviation
u.d.c.		ARY SSE	
		TO C	
B. If amending the registered agent and/or	registered office address on our rec	cords, enter th	e name of the new
registered agent and/or the new registered office	ce audress nere:	H: HI STATE ORID	
		A P	•
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	(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 MGRM = Managing Member **Type of Action** Title Title <u>Name</u> **Address** ☐ Add Remove Add Remove Add Remove □Add Remove Add Remove U ₽≱dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated __ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00