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G. MCLEOD

OCT **27** 2008

EXAMINER



300137120443

10/24/08--01044--005 **25.00

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DIVISION OF CORPORATIONS

08 OCT 21. PM 12. CO

COVER LETTER

TO: Registration Sé Division of Cor	ction ' porations	•	
SUBJECT: Hadleig	h Homes, LLC		
		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Angela Hamilton	(Name of Person)	
		(1.12.10 0.1 0.100.)	
	Hadleigh Homes, LLC		
		(Firm/Company)	
	5454 Cape Hatteras Driv	re	
		(Address)	····
	Clermont, FL 34714		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
Angela Hamilton at () 352-394-8777			
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne 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

14.5

Hadleigh Homes, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)	
(ITTIONAL DIMINAL	Diamity Company)	
he Articles of Organization for this Limited Liability Company	were filed on 09/21/2004	and assigned
lorida document number <u>I 04000069755</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and end with the words "Lim	ited Liability Company." the designation "L	LC" or the abbreviati
L.L.C."		
inter new principal offices address, if applicable:	, day a	0
• •		98 N
Principal office address MUST BE A STREET ADDRESS)		OCT OF
		1976. A
		24 PAR C
nter new mailing address, if applicable:		3 3 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Mailing address MAY BE A POST OFFICE BOX		15 50 50 50 50 50 50 50 50 50 50 50 50 50
		80
		7.2
. If amending the registered agent and/or registered o		ne name of the no
gistered agent and/or the new registered office address ner	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	(Enter Florida street ada	ress)
	, Florida	
	(City)	(Zip Code)

(If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

If an inding 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Roger A. Hamilton	5454 Cape Hatteras Drive Clermont, FL 34714	Add Remove
			Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
	per 21	2	
Dated Octob	(Autous)	per or authorized representative of a member	***************************************
	Angela Hamilton	ed or printed name of signee	
	I y De	ou or printed limite of digitee	

Page 2 of 2

Filing Fee: \$25.00