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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOMESOUTH/ROLLINGS, LIMITED LIABILITY COMPAN

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**EXAMINER** 

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## **COVER LETTER**

	Registration S Division of Co			
SUBJUC	T:	HOMESOU	TH/ROLLINGS, LLC	
			nited Liability Company	——————————————————————————————————————
The enck	osed Articles of	"Amendment and fee(s) are su	Ibmitted for filling.	
Picase re	turn all corresp	ondence concerning this matte	er to the following:	
			Bert C. Simon	
			Nume of Person	
			artner, Brock & Simon	50 2
			Firm/Сотряпу	
		1660	Prudential Drive, Suite 203	SECRETAL ANAS
			Address	- 25 5
			lacksonville, FL 32207	Lay-4
			City/State and Zip Code	
For furthe	er information o	e-mail address:	(to be used for future annual report notificati call:	on) 25
	Ве	ert C. Simon	at ( 904 ) 39	9-0870
	Name o	f Person	Area Code & Daytime Te	lephone Number
Enclosed	is a check for the	ne following amount:		
<b>□\$25.0</b> 0	O Filing F <del>ee</del>		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ ]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 usee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

(((H10000010088 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOM	SOUTH/R	OLLINGS, LLC				
(Name of the Ulmited (A	Lisbility Compa Florida Limited L	ny as it now appears on ou inbility Company)	r records.)			
The Articles of Organization for this Limited Li Florida document number L05000012		were filed onJanua	ary 1, 2005	and ass	igned	
This amendment is submitted to amend the follow	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
N/A				75 Z		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the	designation "L	LCE of the r		
Enter new principal offices address, if applica	500 Osceola Avenue '⇒'∜'			Maria San		
(Principal office address MUST BE A STREET ADDRESS)		Jacksonville Beach	, FL 32250	05 EU	UT .	
					73.7	
					and a fine	
Enter new mailing address, if applicable:		500 Osceola Avenu	c	<u> </u>	5%	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	Jacksonville Beach	, FL 32250		<del>(4</del> ←	
				7>"		
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:		<b>)</b> :	ords, <u>enter</u> t)	је пвте о	f the new	
New Registered Office Address: 500 Osceola Avenue,						
NOW REGISTER OF THE PRINCIPAL PRINCI	Exter Florida street address					
	Jacksonville Beach		, Florida	32250		
***************************************		conville Beach Florida, Florida		Zip Code		
New Registered Agent's Signature, if changing R	egistered Agent:					
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis heing filed to merely reflect a change in the r company has been notified in writing of this c	roper and completered agent as pregistered office change.	ete performance of my d provided for in Chapter (	luties, and I at 508, F.S. Or, i m that the lim	n familiar f this docu ited liabili	with und ment is ty	

Page 1 of 2

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MGR = Manager

## (((H10000010088 3)))

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:

MGRM = Managing Member Title Name <u>Address</u> Type of Action MGRM James P. Delvecchio 127 North River Drive DDA [ Z Remove St. Augustine, FL 32095 **MGRM** Lawrence D. Rollings 500 Osceola Avoriue

Jacksonville Reach, FL 32250. ☑ Add 🗓 Remove MGRM Omar Farhat 4828 Blanding Blvd. Ste 1 Jacksonville, EL 32210-7390 ☑ Add Remove ☐ Add ☐ Remove 2010 Removed TAdd . Remove 6.61 75  $\mathbb{R}^{r}$ D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SRIDA ORIDA Article 6 "Capitalization" is deleted Dated January 2010 for or authorized representative of a member James P. DelVecchio Typed or printed name of signee

> Page 2 of 2 Filing Fee: \$25.00