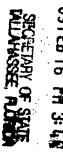
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M. THOMAS

FEB 16 2009

EXAMINER

TO:

COVER LETTER

Registration Section **Division of Corporations**

(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:

(Name of Person) SIH Holyoke How, City/State and Zip Code)

For further information concerning this matter, please call:

Enclosed is a check for the 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

Homedal	LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on <u>08-01-2005</u> and assigned
Florida document number <u>Losoow7H9</u> . Los	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
Homeral Enterprises	344.6
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	12514 Holyoke Ave.
(Principal office address MUST BE A STREET ADDRESS)	Tampa, F1. 3 23
Enter new mailing address, if applicable:	
	200 3 B
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	A
•	(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.

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			r ≔ Da—acca
	·		Add Remove
		,	State Company of the
			Add Remore
D. If amen	210	nge(s) here: (Attach additional sheets, if n	
Dated	Signature of a mem	befor authorized representative of a member	
	TVD	ed or printed name of signee	

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:

Page 2 of 2
Filing Fee: \$25.00