## 105000082 300

(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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05/09/08--01014--008 ++25.00

08 MAY -9 PM 1: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIO

D. BRUCE

MAY 1 2 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Sect Division of Corpo	ion		
SUBJE	ECT:		THOMES LLC.	••
		mendment and fee(s) are sub	_	
Please	return all correspond	lence concerning this matter	to the following:	
		RA	J 44161-	_
			(Name of Person)	_
		DE-19173	(Firm/Company)	-
-		4717 R	ur Bordetun.	_
			(Address)	
		LUTZI.	FL. 33558	TA:
			(City/State and Zip Code)	7777 8E6 8 4 80
For fur	ther information cor	acerning this matter, please of	eall:	HAY-9 GRETARY
	RAJ P	ATEL.	at (813) عرا 31 - عاد (Area Code & Daytime Telephone Numl	TO P TO
	(Name of	Person)	(Area Code & Daytime Telephone Numb	9 PH 1:30 SEE. FLORIDA
Enclos	ed is a check for the	following amount:		<b>A</b>
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	iling Fee, eate of Status & ext Copy onal 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

## ÄRTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UBOR Ci	TY HOMES LL ability Company as it now app	C ·				
(A Fig.	orida Limited Liability Company	)				
The Articles of Organization for this Limited Liabi	ility Company were filed on _	08/19/05	_ and assigned			
Florida document numberL 050000 8	<u>r2300</u>					
This amendment is submitted to amend the following	ing:					
A. If amending name, <u>enter the new name of th</u>	e limited liability company h	<u>nere</u> :				
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Con	npany," the designation "LL	C" or the abbrevia	 ution		
B. If amending the registered agent and/or registered office address on our records, enter the pame of the new registered agent and/or the new registered office address here:						
Name of New Registered Agent:	RAJ PATE 4717 RUE B	: <b>L</b>	Y-9 P ETARY O HASSEE			
New Registered Office Address:	4717 Rue 8	ORDCHUX (Enter Florida street addre	FLORES	J		
· -	LLITZ (City)	, Florida _33		_		

## 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 **Title** <u>Name</u> **Address Type of Action** PLATINUM MANGEMENT INC MGRM PLATINUM MANAGEMENT GROUP LLC Remove Remove Remove Add 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

PAJPATEL.

Filing Fee: \$25.00