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SEORETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

OCT 28 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Arch, Home Enterprise 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:	•	
Archi Home Enterprise LC  Firm/Company  5834 CheShive Cove Terrace  Address  Orlando, FL 32829  City/State and Zip Code  rache Logn 27 @ Uahoo Com	2011 OCT 27 SECRETARY TALLAHASSE	
E-hail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	PH 1: 33 OF STATE E. Florid	E 8
Acchel Dan  at (407) 716 - 9061  Area Code & Daytime Telephone Number	: 33 ATE DRIDA	
Enclosed is a check for the following amount:  \$\sum{\$25.00 \text{Filing Fee}}\$ \sum{\$\$55.00 \text{Filing Fee} & \text{\$\$Certificate of Status}\$ \text{\$\$Certified Copy (additional copy is enclosed)}\$ \text{\$\$Certified Codditional copy is enclosed)}\$	of Status &	

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

Archi Home En (Name of the Limited Li	ability Company as it now appears of orda Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on	Der 24, 2011 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		201 SE ALI
		AA 8 - 7
Enter new mailing address, if applicable:		ASS
(Mailing address MAY BE A POST OFFICE BO	)X)	
	<del></del>	
		22 X
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our e address here:	records, enter the name of the new
	<u> </u>	
Name of New Registered Agent:		
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 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

<u>Title</u>	Name	Addres	<u>ss</u>	1	Type of A	ction
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D. If an	OCA Der 24	n, enter change(s) here:	(Attach additional sheets, if r	SECRUTARY OF STATE TALLAHASSEE, FLORIDA	2011 OCT 27 PM 1:33	
	Signati	ure of a member of authorize  RALH Z-  Typed or printed n	ed representative of a member		<del></del>	
		Typed or printed n	ame of signee			

Page 2 of 2

Filing Fee: \$25.00