L05000115348

(Requestor's Name)				
930 SE 10CH Pompano Beh, 4/33060				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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11 JAN -5 AH 9: 60

T. HAMPTON

JAN - 7 2011

EXAMNEP

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Eastern Howl Linearcial Group LLC</u> 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:
Nilland Cerino Name of Person Eirm/Company Poupand Boach 1 33060 City/State and Zip Code bill of eastern hours. Destroy E-mail address-(to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 733-6868 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & 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



RECEIVED

11 JAN -6 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2010

EHFGLLC 930 SE 10 CT POMPANO BEACH, FL 33060

SUBJECT: EASTERN HOME FINANCIAL GROUP, LLC

Ref. Number: L05000115348

We have received your document for EASTERN HOME FINANCIAL GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Amendments to articles of organization of a Florida limited liability company must comply with section 608.411, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 810A00029947

ARTICLES OF AMENDMENT TO

FILEG SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION

11 JAN -5 AM 9:00

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

cust

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

	<u>Name</u>	Address	Type of Acti
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			Add Remove
_	*** * * * * * * * * * * * * * * * * *		Add Remove
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mendir	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	ت تن
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Filing Fee: \$25.00