L06000038897

(Re	questor's Name)	
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COVER LETTER

Div	ision of Corp	orations		· ·
SUBJECT:	Quality Hon	nes USA, LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please returr	all correspor	ndence concerning this matter t	to the following:	
		John T. Ankner, Esq.		
			Name of Person	

			Address	
			City/State and Zip Code	
	•	E-mail address: (t	o be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	ıl1:	
John T. Ank	iner, Esq		321 319-0459 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	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:

TO:

Registration Section 5

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

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u>)					
The Articles of Organization for this Limited I Florida document number L06000038897	Liability Company	were filed on April 14, 2006	and assigned					
This amendment is submitted to amend the fol	lowing:							
A. If amending name, enter the new name of	of the limited liab	oility company here:						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."					
Enter new principal offices address, if appli	cable:	13839 Fairway Island Drive						
(Principal office address MUST BE A STREET ADDRESS)		Unit 1134						
		Orlando, FL 32837						
Enter new mailing address, if applicable:		7232 W Sand Lake Road	15					
Mailing address MAY BE A POST OFFICE	(BOX)	Suite 202						
		Orlando, FL 32819	12 (SS)					
			mg a m					
B. If amending the registered agent and registered agent and/or the new registered of			ds, enter the name of the					
Name of New Registered Agent:	Bart R. Saunde	rs						
New Registered Office Address:	7232 W Sand L	Lake Road, Suite 202						
		Enter Florida street addre	288					
	Orlando	, F	Torida <u>32819</u>					
		City	Zip Code					

New Registered Agent's Signature, if changing Registered Agent:

Quality Homes USA, LLC

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Baha Sidani	526 Darcey Drive	
		Winter Park, FL 32792	■ Remove
			□ Change
MGR	Sadhu S. Gakhal	45 Goldthorn Hill	
		Wolverhampton, UK	Remove
		WV2 3HR UK	□ Change
			Add
			□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00