Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRANKLIN KEY HOMES LLC

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JAN 14 2011

EXAMINER

COVER LETTER

| TO: Registration : Division of Co | | | | | | |
|--------------------------------------|--|---|---|-------------|-------------|--------------------|
| SUBJECT: FRANK | KLIN KEY HOMES LLC | | | | | |
| | (Name of Lin | nited Liability Company) | | | | |
| The enclosed Articles of | of Amendment and fee(s) are su | bmitted for filing. | | | | |
| Please return all corres | pondence concerning this matte | r to the following: | | | | |
| | Dragana Ognenovsk | | | | | |
| | | (Name of Person) | | | | |
| | Legalzoom.com, Inc | | | | | |
| | | (Firm/Company) | | > | 2011 | |
| 100 W. Broadway Suite 100 | | | 1 | | | i i |
| | | (Address) | | XX. | | يان مانيون غ |
| | Glendale, CA 91210 |) | | | ω 2011 | da vez. |
| | | (City/State and Zip Code) | | | | • |
| For further information | concerning this matter, please of | call: | | MITTON. | 4 ** | |
| Dragana Ogneno | | at (323) 962-8600 | | - | • | |
| (Name | e of Person) | (Area Code & Daytime T | (elephone Number) | | | |
| 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 F Certificate of Certified Cop (additional co | 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

| | | 至 至 | |
|--|---|---|--|
| FRANKLIN KEY HOMES LLC Name of the United United | lity Company as it now appears on our r | ecords) | |
| (A Flori | lity Company as it now appears on our r da Limited Liability Company) | | |
| The Articles of Organization for this Limited Liabilit | у Сотралу were filed on <u>06/07/2006</u> | and assigned | |
| Florida document number <u>L06000057936</u> | , | CIE 1 | |
| | | | |
| This amendment is submitted to amend the following | | 180 | |
| The second of the second secon | • | C5 (************************************ | |
| A. If amending name, enter the new name of the l | imited liability company here: | | |
| | | | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Company," the de | signation "LLC" or the abbreviation | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | (Enter Floridu strect address) | | |
| | , Florida | | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Regist | nund Acrents | | |
| The state of the s | AVI ARCIN: | | |
| I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang | and complete performance of my dut l agent as provided for in Chapter 608 ered office address, I hereby confirm | ies, and I am familiar with and 3, F.S. Or, if this document is | |
| | (If Changing Registered Agent, Signatu | re of New Registered Agent) | |

If amending the Managers or Managing Members on our records, enter the fitte, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| Title | Name | Address | Type of Action |
|-------------|---------------------------------------|--|--|
| MGRM. | NEWMAN, MEGAN K | 724 HWY 98 E | Add |
| | | DESTIN FL 32541 US | Remove |
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| D. If amen | ding any other information, enter cha | ange(s) here: (Attach additional sheets, if nece | essary.) |
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| Dated | | | |
| | | | |
| | | ber or authorized representative of a member | |
| | THOMAS, BENJAMIN F | ped or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00