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## **COVER LETTER**

TO: Registration Section
Division of Corporations

IECT. Homes Plus Realty, IIc

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:

Robert Calistri

Name of Person

Homes Plus Realty, Ilc

Firm/Company

3025 Wister Circle

Address

Valrico, FI 33596

City/State and Zip Code

bob@homesplusfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Calistri

,,,727 \643-500**7** 

Name of Person

Area Code & Daytime Telephone 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 Fee,
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Homes Plus Realty, llc	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L00076290	y were filed on August 8, 2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
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)	
The state of the s	
registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	<b>.</b>
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com, accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	plete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is e address, thereby confirm that the limited liability
If Characteristics and the control of the characteristics and the characteristics are characteristics and the characteristics and the characteristics are characteristics and the characteristics and	anging 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shelia Calistri	3025 Wister Circle	Add
		Valrico, Fl 33596	Remove
	<del></del>		Add
			Remove
			Add
			Add
			Add
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated August 5 2013	_
( de la	
Signature of a member or authorized representative of a member	
ROBERT CALISTRI	
Typed or printed name of signee	

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Filing Fee: \$25.00