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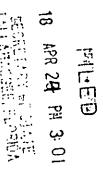
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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CHIDIE		DBAGA LANE, LLC				
SUBJE	.C.I.:	Name of Lin	nited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Innocenzo Gagliardi				
			Name of Person			
		HomesByFinergy				
			Firm/Company			
		2170 Main Street Suite 40	I			
			Address	14		
		Sarasota FL 34237				
		City/State and Zip Code				
		marc@finergygroup.com				
For furt	her information co	e-mail address: ( oncerning this matter, please c	to be used for future annual report noti all:	(ication)		
Marc G	agliardi		941 3157768			
	Name of	Person		e Telephone Number		
Enclose	d is a check for th	e following amount:				
<b>■</b> \$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

1000 TOCOBAGA LANE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/05/2006 and assigned Florida document number L06000097910 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HOMES BY FINERGY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 \_, Florida\_ Cirv

## 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 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>	<u>Name</u>	Address	Type of Action
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f an effective date is listed, the date <b>Note:</b> If the date inserted in this	block does not meet	not be prior to date o the applicable stat	t filing or more than 90 c utory filing requireme	ays after filing.) Pursuant to 605. ents, this date will not be liste	.0207 i :d as i
document's effective date on the	Department of State	's records.			
ne record specifies a delay The 90th day after the r	ed effective date ecord is filed.	e, but not an ef	fective time, at 1	2:01 a.m. on the earlie	er of
april 23rd	<b>a</b>	018			
Dated april 23rd		y,			
			resentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00