

L-060000/12511

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
08 OCT 30 PM 2:06

J. BRYAN

OCT 31 2008

EXAMINER

BRYAN

OCT 27 2008



Florida \_\_\_\_\_  
Homescapes

2351 28<sup>th</sup> Ave North Saint Petersburg Fl 33713  
727-231-8887 (fax) 727-388-9366 (office)

October 21, 2008

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS  
08 OCT 30 PM 2:06

RE: Document Number L06000112511

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To Whom It May Concern:

Please find a check for the \$35 Filing Fee and a copy of the amendment to articles for Floridahomescapes, LLC. The signed copy of the amendment was mailed separately by mistake. Please match the enclosed payment with the signed amendment for the document number referenced above and process as soon as possible. If you have any questions or concerns feel free to call me @ 813-289-7779.

Respectfully,

Amanda Meredith  
Floridahomescapes, LLC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2008

JOESEPH S. LAFATA CPA  
LAFATA AND COMPANY CPAS  
5300 WEST CYPRESS STREET STE 247  
TAMPA, FL 33607

SUBJECT: FLORIDAHOMESCAPES, L.L.C.  
Ref. Number: L06000112511

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DIVISION OF CORPORATIONS  
08 OCT 30 PM 2:06

We have received your document for FLORIDAHOMESCAPES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 708A00055119



Florida \_\_\_\_\_  
Homescapes

2351 28<sup>th</sup> Ave North Saint Petersburg Fl 33713  
727-231-8887 (fax) 727-388-9366 (office)

October 29, 2008

Amendment Section  
Joey Bryan  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT 30 PM 2:06

RE: Document Number L06000112511

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Mr. Bryan,

Please accept my apologies for sending the wrong form. Please find the correct form attached and signed for your review.

Respectfully,

Amanda Meredith  
Floridahomescapes, LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDAHOMESCAPES LLC  
(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:

JOSEPH S. LAFATA  
(Name of Person)  
LAFATA AND COMPANY CPAS  
(Firm/Company)  
5300 WEST CYPRESS ST  
(Address)  
Tampa, FL 33607  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

AMANDA MEREDITH at (813) 289-7779  
(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)
- ↓  
already sent \$35

**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

FILED  
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DIVISION OF CORPORATIONS  
08 OCT 30 PM 2:06

FLORIDA HOMESCAPES

(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 11/21/2006 and assigned  
Florida document number LO6000112511.

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)

5300 WEST CYPRESS ST  
TAMPA, FL 33607

**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 \_\_\_\_\_  
(City) (Zip Code)

**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)

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>	<u>Address</u>	<u>Type of Action</u>
CFO	JOSEPH LAFATA	5300 WEST CYPRESS ST TAMPA FL 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
COO	PETER HAMILTON	616 HIGHLAND ST APT 2 ST PETE FL 33701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SEC	RANDI ROM	116022 REDINGTON DR REDINGTON BEACH FL 33708	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 29, 2008

x Brian J. Clark  
Signature of a member or authorized representative of a member

x BRIAN J. CLARK  
Typed or printed name of signee

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