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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : SMALL BUSINESS RESOURCES USA, INC.
Account Number : I20040000173
Phone : (407)298-4646
Fax Number : (407)297-0588

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JRHOMES, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JRHomes, 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:

James K. Duerr, CPA

(Name of Person)

Small Business Resources USA, Inc.

(Firm/Company)

773 S. Kirkman Rd., Ste. 118

(Address)

Orlando, FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

James K. Duerr, CPA

(Name of Person)

at (407) 298-4646

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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(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

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FAX AUDIT # H 07000166305 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
07 JUN 26 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JRHomes, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 02/19/2007 and assigned
document number L07000019061.

SECOND: This amendment is submitted to amend the following:

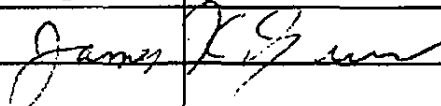
Article II: The principal place of business and mailing address is to be:

109 Ambersweet Way, Ste.110 Davenport, FL 33897

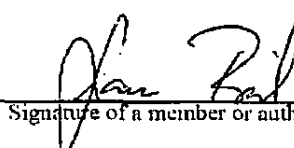
Article III: Change Registered Agent to Small Business Resources USA, Inc.

773 S. Kirkman Rd., Ste.118, Orlando, FL 32811 "I am familiar with and accept
all obligations of my position as registered agent."

James K. Duerr, CPA



Dated June 20, 2007



Signature of a member or authorized representative of a member

Javier Reid

Typed or printed name of signer

Filing Fee: \$25.00

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