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T. HAMPTON FEB 1 6 2010



COVER LETTER

SUBJECT: FLORIDA HOME MORTBASE AND REALTY LUC 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:					
HEATHER A. HARPER · NIBERT Name of Person					
FLORIDA HOME MORTBASE AND REALTY LLC Firm/Company					
3457 Edgewater Drive					
Orlando FL 32804					
City/State and Zip Code heather e floridahm. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
HEATHER HARPER NIBERT at (407) 383.7574 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$ Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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 ÁMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Home Mortgage and Reacty LLC
(Name of the Limited Liability Company as Now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	~ .	3.200	7
Florida document number 407000337.5	= '='	<u> </u>	and stign SECRET
This amendment is submitted to amend the following:			TOCKP
A. If amending name, enter the new name of the limited li	iability company	<u>here</u> :	STATE ORATIO
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Con	npany," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3457 Orla	Edgev ndo, F	vater Drive L 32804
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3457 Ona	Edgeu nao F	rater Drive I 32804
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida stre	et address
		, Flori	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jen Schneide	erll 2609 Hargill Drive Orlando FL 32801	Add Kemove
	_		Add Remove
			Add Remove
			Add Remove
	_		Add Remove
	_		Add Remove
D. If an	nending any other information	, enter change(s) here: (Attach additional sheets, if neces	SECRETARY OF JIVISION OF CSEPTION OF CSEPT
Dated _	February 11		STATE ORATIONS
	Heathe	re of a member or authorized representative of a member A. Hayer. Nibest Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00