## 107000012799

(Re	equestor's Name)				
(Address)					
(Ac	ldress)				
(Cit	ty/State/Zip/Phone	<b>⇒</b> #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		:			

Office Use Only



200146746572

03/26/09--01024--025 \*\*25.00

O9 MAR 26 AM II: 09
SECRETARY OF STATE

D. BRUCE

MAR 27 2009

**EXAMINER** 

## **COVER LETTER**

SUBJECT: Eden Pointe L.L. (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:  Michael DConno (Name of Person)  Slaten L DConno (Firm/Company)  10\$ Talla poos 4 Street Suite and Zip Code)  (City/State and Zip Code)  For further information concerning this matter, please call:  Michael DConno (City/State and Zip Code)  (Name of Person)  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  (City/State and Zip Code)  (Address)  All JOY AMEN 20 AMEN 2	TO: Registration Section Division of Corporations
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Michael OConne/ (Name of Person)   Slates   OConne/ (Name of Person)	SUBJECT: Eden Pointe L.L.C.
Please return all correspondence concerning this matter to the following:    Michael OConner (Name of Person)	(Name of Limited Liability Company)
Please return all correspondence concerning this matter to the following:    Michael OConnor (Name of Person)	
Malling Address:  Registration Section  Division of Corporations  Pro. Box 6327  Cilfon Building  STREET/COURIER Address:  Registration Section  Division of Corporations  Cilfon Building	The enclosed Articles of Amendment and fee(s) are submitted for filing.
S   A + en   L   D   Connol (Firm/Company)	Please return all correspondence concerning this matter to the following:
S   A + en   L   D   Connol (Firm/Company)	
S   A + en   L   D   Connol (Firm/Company)	Michael Oconnor
For further information concerning this matter, please call:    Man	
For further information concerning this matter, please call:    Man	Slater L O Corner
For further information concerning this matter, please call:    1	• • •
For further information concerning this matter, please call:    1	105 Tallapoosa Strut, Scite 101
For further information concerning this matter, please call:    1	(Address)
For further information concerning this matter, please call:    1	Montagney / 14 36104 全層 蓋 T
Enclosed is a check for the following amount:    Second   Continue   Continue	(City/State and Zip Code)
(Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  (Area Code & D	m≺ Eo ≥ II
(Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  (Area Code & D	For further information concerning this matter, please call:
Enclosed is a check for the following amount:  \$\begin{align*} \textbf{S25.00 Filing Fee} \textbf{S30.00 Filing Fee} & \textsus & \t	Michael O(on) at (334) 396-8882 8 8
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$  Certificate of Status \$\text{Certified Copy}\$ (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Division of Corporations  Clifton Building	(Name of Person) (Area Code & Daytime Telephone Number)
\$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327  Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	
Certificate of Status Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327  Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Enclosed is a check for the following amount:
Registration Section Division of Corporations P.O. Box 6327  Registration Section Division of Corporations Clifton Building	Certificate of Status Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy
Tallahassee, FL 32314 1 2661 Executive Center Circle /	Registration Section Registration Section Division of Corporations Division of Corporations

## ARTICLES OF AMENDMENT TO ARTIÇLES OF ORGANIZATION OF

Eden Pointe, L ( <u>Name of the Limited Liability Com</u> (A Florida Limited	Dany as it now appe	ears on our records.)		
(A Florida Ellinico	a Liabinty Company	,		
The Articles of Organization for this Limited Liability Compar	ny were filed on _	07/13/2007	and assigned	
Florida document numberL07000072799				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company h	<u>iere</u> :	•	
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Con	npany," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		- FC 9	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AR 26 AH II: 09	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>enter 1</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:		(Enter Florida street ad	dress)	
	(Enter Florida Street daaress)			
	(Cip.)	, Florida	(Zip Code)	
	(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

MGRM Michael Goldner 2740 Zelda Rd, Suite 3A Montgomery, AL 36106  MGRM Homecorp Pensacola, 2740 Zelda Rd, Suite 3A LLC. Montgomery, AL 36106	Add Remove  Add Remove  Add
	Remove  Add
	_ Remove
	_ Add _ Remove
	Add Remove _
	Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	FIL 09 MAR 26 SECRETARY
EE, FLORIDA	° ≧ m
Dated March 25, 2009.	
Signature of a member or authorized representative of a member	
Michael Goldner, as Manager of Homecorp Pensacola,  Typed or printed name of signee	L <sub>k</sub> L <sub>6</sub> C <sub>6</sub>

Page 2 of 2

Filing Fee: \$25.00