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SECRETARY OF STATE

SECRETARY OF STATE

T. HAMPTON

JUN 1 9 2008

EXAMINER

COVER LETTER

Division of Cor				
SUBJECT: P	veferred (Name of Limi	Home Solution ted Liability Company)	ons, LLC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Denni	5 Mc Laugh (Name of Person)	ilin	
	Preferre	d (tome So (Firm/Company)	shitions, LLC	
	20352 A	rdore Lane (Address)		
	Estero,	FL 33928 (City/State and Zip Code)		
For further information concerning this matter, please call:				
Dennis M	Mc Laughlin of Person)	at (239) 370 - 1 (Area Code & Daytime T	S13 elephone Number)	
Enclosed is a check for the	ne 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)	

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

Preferred Hou			
(Name of the Limited Liability (A Florida L	Company as it now appears on cimited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on <u>July</u> 4.18	3, 25, 2007 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)	AL SE	
	 	SS SS AN I	
Enter new mailing address, if applicable:		me m	
(Mailing address MAY BE A POST OFFICE BOX)		## D	
		A IE	
		0	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
<u></u>		, 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 **Type of Action Title** <u>Name</u> <u>Address</u> Lana L. Lowell MGRM 20352 Ardore Lane **⊠** Add Remove Add ☐ Remove Remove Remove ____Add Remove Add 📋 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)-June Signature of a member or authorized representative of a member Mc Laughlin
Typed or printed name of dignee

Page 2 of 2

Filing Fee: \$25.00