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S. HAWKES

JUL 7 - 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ons	
SUBJECT: Home A:	Name of Limited Liability Company	
The enclosed Articles of Amend	lment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	JEFFREY KRAUS Name of Person	
	Home Asset MANAGEMENT Coup. LLC Firm/Company	
	5645 COLAL RIDGE DR SUITE 128 Address	
(Corac Spr. Nos. FLORIDA 33076 City/State and Zip Code J KRAUS & Home Monthage Help. OR6 E-mail address: (to be used for future annual report notification)	
	L-mail address: (to be used for future annual report notification)	
For further information concerni	ing this matter, please call:	
Name of Person	at (954) 835 1564 Area Code & Daytime Telephone Number	
Enclosed is a check for the follow	wing amount:	
\$25.00 Filing Fee \$3	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)

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

HOME ASSET MANAGEN	MENT GROUP, LLO	<u>.</u>
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on o	ur records.)
The Articles of Organization for this Limited Liability Com Florida document number		75-in -
This amendment is submitted to amend the following:	d linkilita gammanı kasa	
A. If amending name, enter the new name of the limited	a nadimy company nere:	82
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	5645 CORAL	LIBER DRIVE WG, FL 33076
(Principal office address MUST BE A STREET ADDRES	SS) SUITE 128	
	COME SPAIN	vus, FL 33076
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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

<u>Γitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
M6RM	JOHN E KANTER	MIAMI BLACK, FL 33140	Add X Remove
<u> </u>			Add Remove
			Add Removed
			Add Remove
			Add 57
			Add
). If ameno	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary	
Dated	July 1, 2	009.	
		ber or authorized representative of a member S ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00