Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CONTRACTORS REPORTING SERVICES, INC. Account Name

Account Number : 120050000099 : (813)932-5244 : (813)932-3782 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address | : | | | |
|-------|---------|---|--|--|--|
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERNALD HOMES LLC.

| Certificate of Status | 0 |
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| Page Count | 01 |
| Estimated Charge | \$25.00 |

G. MCLEOD

FEB - 3 2012



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2/3/2012 9:51 AM FROM: Cont Reporting Svc Microsoft TO: 18506176383 PAGE: 003 OF 006

2/2/12

Division of Corporations

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COVER LETTER

TO:

| ro: | Registration Se Division of Cor | | | | |
|---------------|------------------------------------|---|-----------------|---|---|
| SUBJE | ECT: | FERNALI | HOMES | LLC. | |
| | | Name of Limit | ed Liability C | Company | |
| The cn | closed Articles of | Amendment and fec(s) are sub | mitted for fili | ng. | |
| Please | return all correspo | indence concerning this matter | to the followi | ng: | |
| | | | JASON M | | * |
| | | | Name of | Person | |
| | • | CONTRACTOR | | CING SERVICE, | INC |
| | | | Firm/Co | mpany | |
| | | 137 | | RASKA AVE | |
| | | | Addr | css | |
| | | | TAMPA, F | | |
| | | | | mylicense.com | |
| | | | | iture annual report nextific | ation) |
| For tur | ther information c | oncerning this matter, please ca | All; | | |
| | | ON MORALES | at | (813) 93 | |
| | Name o | f Person | | Area Code & Daytime | Telephone Number |
| Enclos | ed is a check for th | ne following amount: | | | |
| □ \$25 | 5,00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | Certifi | Filing Fee & ed Copy onal copy is enclosed) | □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | ING ADDRESS: | | STREET/COURIE | |
| | Divisio | ration Section on of Corporations | | Registration Section Division of Corporat | |
| | | ox 6327 issee, FL 32314 | | Clifton Building 2661 Executive Central Tallahassec, FL 3236 | |

(((H12000028763 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FERNALD HO | MES LLC. | | |
|---|---|------------------------------|---------------------|
| (Name of the Limited Liability Compan (A Florida Limited L | <u>iv as it now appear</u> iability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | 11/5/2007 a | nd assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | ility company her | <u>e</u> : | |
| The new name must be distinguishable and end with the words "Limit"L.L.C." | ted Liability Compa | ny," the designation "LLC" (| or the abbreviation |
| Enter new principal offices address, if applicable: | | | 57 m 53 |
| (Principal office address MUST BE A STREET ADDRESS) | | | A EB |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | , | | HARY OF STATE |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | our records, enter the n | ame of the new |
| Name of New Registered Agent: | | | - |
| New Registered Office Address: | | | |
| | En | ier Florida street address | |
| | <u>. </u> | , Florida | |
| | City | | 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

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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:

| | <u>Name</u> | Address | Type of Action |
|--|--------------------------------------|---|--|
| <u> </u> | JESSE D FERNALD | 10504 HAPPY HOLLOW AVE | 5 Add |
| | | ODESSA FL 33556 | Remove |
| <u>: </u> | MATTHEW J FARNALD | 1742 MILLRUN CIRCLE | 😿 Add |
| | | TAMPA FL 33613 | Remove |
| | | | 🗆 Add |
| | | | Remove |
| | | - 44 | |
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| famer | ding any other information, enter ch | ange(s) here: (Attach additional sheets, if necessary.) | |
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| d | FEBRUARY 02 | | |
| d | | 2012 | |

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