## 108000012315

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	- #N		
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
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(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer	1		
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Office Use Only



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SECRETARY DE STATE

T. CLINE
MAR 3 0 2009
EXAMINER

## **COVER LETTER**

SUBJECT:	Rose's Home	Referral Services, LLC			
		ited Liability Company)			_
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Aloma (Name of Person)			
		(14ame of Person)			
Rose's Home Referral Services, LLC or Home Owners Resource, LL			source, LLC		
		(Firm/Company)			
		2106 Sunrise Blvd			
		(Address)		•	
Fort Myers, FL 33907			2005 HAR 27 SECRETAR TALLAHAS	. mr.f.	
		(City/State and Zip Code)		L CRET	THE PARTY
For further information	concerning this matter, please c	call:		<u> </u>	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Aloma	a Pellersels	at ( 239 ) 878-3100		EL FLORIDE	"k <sub>". 6.</sub> .
(Name	e of Person)	(Area Code & Daytime T	elephone Numb	er) FF 8	
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	sed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

ROSES HOME REI			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	2/28/2008	and assigned
Florida document numberL08000012315			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
	Resource, LLC.		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Comp	any," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2106 Sunrise E	Blvd	
Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL	33907	
			200 TAL
			2000 MAR 2000 MAR 7ALLAHI
Enter new mailing address, if applicable:			あ些 <sup>(2)</sup>
Mailing address MAY BE A POST OFFICE BOX)			RS I ITT
			70. 3
			: O
B. If amending the registered agent and/or registered of	ffice address on	our records, <u>ent</u>	er the name of the ne
registered agent and/or the new registered office address her	<u>'e</u> :		
Name of New Registered Agent:	<del> </del>		
New Registered Office Address:			1
	(E	Enter Florida stree	t 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 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** Name <u>Address</u> Alicia Pellersels MGRM **■** Add 2106 Sunrise Blvd Fort Myers, FL 33907 Remove ☐ Add Remove 🗂 Add Remove ☐ Add Remove \_\_\_ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 26 2009 Dated Signature of a member or authorized representative of a member

Aloma Pellersels
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00