L0800000a5646

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(Address)						
(Address)						
(City/State/Zip/Phone #)						
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(Business Entity Name)						
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SECRETARY OF STATE

J. BRYAN

MAR 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Mr. Housecal	ted Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	8. 8.
	Dougla:	S Deshong (Name of Person)	HAR-9 PH 2: 54 CRETARY OF STATE CLAHASSEE. FLORI
	Mr. Ho	Ovecall, LLC (Firm/Company)	PH 2: 54 OF STAT
	<u>287 Li</u>	ve Oak Blvd (Address)	DE -
	Sounford	, FL 3773 (City/State and Zip Code)	
For further information	concerning this matter, please ca	II:	
Doglos	De Shang e of Person)	at (<u>407)</u> 758—6 (Area Code & Daytime T	elephone Number)
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)	□\$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

Mr. Housecal	L. L.L.						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)							
The Articles of Organization for this Limited Liability Company Florida document number <u>L0800025646</u>	were filed on $3/11/2008$ and assigned						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	ility company here:						
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation						
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	282 Live Oak Blyd Sanford, FL 32773						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	282 Live Oak Blud Sounford, FZ 32773						
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here							
Name of New Registered Agent:							
New Registered Office Address:	(Enter Florida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	: Manager I = Managing Member		Address Change	,
<u>Title</u>	<u>Name</u>	Address	haaress change	Type of Action
<u>MGRN</u>	M DESHONG, DOUGLAS	282 Li Sanfon	ve Ock Blud d, Fl 32773	Add Remove
NGRN	n DeSHONG, TERRILEE	717 Winter	Jan Run-Lane Springs, Fl 37.708	Add Remove
-				Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If an	nending any other information, enter ch	nange(s) here: (Attach	h additional sheets, if necess	ary.)
				O9 MAR
Dated	March 6, Z	DO9.	esentative of a member	FILED 09 MAR -9 PM 2: 54 SECRETARY OF STATE
	Douglas	yped or printed name of	Hong	- • ·

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Filing Fee: \$25.00