180000 28

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: HOME IN	VESTMENT SOLUTION		
	(Name of Lim	ited Liability Company)	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		·	
	RAUL BRITO	(Name of Person)	
		(Name of Ferson)	
	HOME INVESTMEN	T SOLUTIONS REALTY, LLC	<u> </u>
		(Firm/Company)	TAPEC APP
	932 EMPRESS LAN	E	翼 二
		(Address)	SSE E
	ORLANDO, FL 3282	25	OF S
		(City/State and Zip Code)	OB APR -1 AM 11: 24 SECRETARY OF STATE TALLAHASSEE FLORIDI
For further information co	ncerning this matter, please c	all:	7
RAUL BRITO		at (407) 482-2298	
(Name of	f Person)	(Area Code & Daytime 7	Telephone Number)
Enclosed is a check for the	e 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**

HOME INVESTMENT SOLUT (Name of the Limited Lia (A Flo	IONS REALTY, LLC bility Company as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liabil	lity Company were filed on MARCH 20, 2	and assigned
Florida document number <u>L08000028850</u>	***************************************	
This amendment is submitted to amend the following	ng:	18 P
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	CREASSE PARTY
The new name must be distinguishable and end with th "L.L.C."		STATE STATE
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(F Fl I.	
	(Enter Florida street address)	
-	, Flo	orida (Zip Code)
New Registered Agent's Signature, if changing Regi	istered 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** <u>Title</u> <u>Name</u> **Address MGRM RAUL BRITO** 932 EMPRESS LANE ☐ Add ORLANDO, FL 32825 Remove Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MARCH 28 2008 Signature of a member or authorized representative of a member RAUL BRITO Typed or printed name of signee

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Filing Fee: \$25.00