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(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
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(Ci	ty/State/Zip/Phone	e #).
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SECRETARY OF STATE

OCT 30 AH 8: 4

COVER LETTER

TO:

Registration Section

¹ Division of Corporations					
SUBJECT: Florida Homegallery LLC (Name of Limited Liability Company)					
(Name of Elimited Elaomity Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Nicholas V. Burrafato (Name of Person)					
Florida Homegallery LLC (Firm/Company)					
801 International Parkway 5th Flour					
Lake Mary, FC 32746 (City/State and Zip Code)					
For further information concerning this matter, please call:					
NICholas V. Burrafato at (407) 312 6190 (Name of Person) (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Florida Honegalle (Name of the Limited Liability Compania (A Florida Limited Liability)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>LO800062040</u>	were filed on 62308 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	801 International Parkway 5th floor Lake Mary FL 32746
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	801 International Parkway 5th Ploor Lake Mary FL 32746
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	_
New Registered Office Address:	(Enter Florida street address)
	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	1 6. LORNING 4

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.

(1f 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
M GR	Annette S	CISCIANI 801 International Parkway 5 Lake many FL 3274	Add Remove
~			
			Add Remove
D. If ame	ending any other information	, enter change(s) here: (Attach additional sheets, if	necessary.)
- -			
-			
-	1		TAI S
Dated(3CT 27	2008.	8007
	=	re of a member or authorized representative of a member Location Surafato Typed or printed name of signee	
		Page 2 of 2	M 8: 41

Filing Fee: \$25.00