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APR 1:7 2009

EXAMINER



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04/16/09--01008--011 **25.00

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: CREATIVE HOMEBYERS OF AMERICA LLC						
(Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Melinda Niemela (Name of Person)						
Melinda Niemela (Name of Person) Creative Homebyers of America UC (Film/Company)						
1486 SKeesRd, Ste D (Address)						
West Palm Bench FL 33411 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Melinda Niemela at (501) 373-2289 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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



Creative Homebuye (Name of the Limited Liability (A Florida	ers of America	LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now apport Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability		6/30/08	and assigned
Florida document number <u>LO 8000066593</u>	<u>3</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Com	npany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		· · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
•			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter th	e name of the new
Name of New Registered Agent:		.,	
New Registered Office Address:		(C-4 Fl. + 1 1.1	
	(Enter Florida street addr	ess)
	(City)	, Florida	(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:

	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Leif Aho	3707 Flying Cow Rd Wellington, FL 33470	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		ange(s) here: (Attach additional sheets, if necessar	
C	hange Sheldon Mic	Kelson from MGR to MG ything else is to stay th	RM
Ĺ	Inderhis Title. Ever	ything else is to stay th	re
	Same		. <u>.</u>
Dated	pril 10, 21	009	
`	Melinda Etre	ber or authorized representative of a member	
	Signature of a mem	oer or authorized representative of a member	
	Typ	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00