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EXAMINER

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

(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:

For further information concerning this matter, please call:

at (5/13) 759 - 1044 (Area Code & Daytime Telephone 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 **5** Certificate of Status Certified Copy (additional copy is emlosed)

**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

	tional Sorvices LLC			
(Name of the Limited L. (A Fl	iability Company as it now appears on ou lorida Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liab	pility Company were filed on August	27,20	28 and assigne	ed
Florida document number <u>L080000817</u>	760.	,		
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability company here:			
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the	designation "	LLC" or the abbr	eviation
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
				<del></del>
B. If amending the registered agent and/or		ords, <u>enter</u>	the name of the	<u>ie new</u>
registered agent and/or the new registered offic	e address nere:		2008 SEC	
Name of New Registered Agent:	Nicole B. Adams	<b>)</b>	AHA SEP	
New Registered Office Address:			29 VRY SSE	
	(Enter Flo	rida street a		
	(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.

(IrChanging 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 **Title** Type of Action Name 1 <u>Address</u> Robert D Adams MGRM ☐ Add Remove ☐ Add Remove **∫** Add Remove Remove Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Adams
Typed or printed name of signee

07

Page 2 of 2

Filing Fee: \$25.00



Homestars International Services LLC d/b/a Homestars Realty 1309 S. Collins Street, Suite 303 Plant City, FL 33563

September 24, 2008

Attn: Florida Department of State, Division of Corporations CC: Florida Department of Business and Professional Regulation

To whom it may concern:

Please accept this letter as notice of my resignation from the manager position of Homestars International Services LLC. My successor to the position will be Nicole B. Adams.

Please contact me directly if you have any problems or questions, at (813) 759-1044 or you may email me at <u>bobadams@homestarsins.com</u>.

Sincerely,

Robert D. Adams