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| (Requestor's Name |) |
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| (Addiess) | |
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| PICK-UP WAIT | MAIL . |
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| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|--|---|
| SUBJECT: Home | Place Realty, LLC (Name of Lim | ited Liability Company) | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Cristy Campbell | | |
| | | (Name of Person) | 1 |
| | Home Place Realty, LLC | | ECR. T |
| | | (Firm/Company) | HAS I |
| | 2500 Maitland Center Pa | rkway, Suite 311B | ZOUB NOV 18 PH 4: 58 ZECRETARY OF STATE TALLAHASSEE, FLORID, |
| | | (Address) | FLOR FLOR |
| | Maitland, FL 32751 | | DA A |
| | | (City/State and Zip Code) | |
| For further information | concerning this matter, please c | all: | |
| Cristy Campbell | | at (407) 407-745-3308 | |
| (Name of Person) | | (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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: | | STREET/COURIER | ADDRESS: |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Home Place Realty, LLC | | |
|--|---|---------------------------|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) | |
| , | | |
| The Articles of Organization for this Limited Liability Company | e Articles of Organization for this Limited Liability Company were filed on 09/22/2008 and assigned | |
| Florida document number L08000089976 | ocument number L08000089976 | |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab | ility company here: | TALLAHASSEE |
| | | E PE |
| The new name must be distinguishable and end with the words "Limis"L.L.C." | ted Liability Company," the designation | "Las" or the abbreviation |
| Enter new principal offices address, if applicable: | 2500 Maitland Center Parkway, Suite 311B | |
| (Principal office address MUST BE A STREET ADDRESS) | Principal office address MUST BE A STREET ADDRESS) Maitland, FL 32751 | |
| · | | |
| | | , |
| Enter new mailing address, if applicable: | 2500 Maitland Center Parkway, Suite 311B | |
| (Mailing address MAY BE A POST OFFICE BOX) | Maitland, FL 32751 | |
| ` | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | fice address on our records, <u>enter</u> e: | r the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| , | (Enter Florida street d | address) |
| | , Florida | |
| | (City) | (Zin 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:

MGR = Manager

| MGRM = N | Managing Member | | |
|--------------|--|---|-----------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| MGR | Robert Orsolits | 195 Lakewood circle Maitland | |
| | | | Domana |
| | · | | A Add Remove |
| | | | HASSEL PRemoved |
| | | | REMOVE |
| | | | Pamatia |
| D. If amen | ding any other information, enter chan | ge(s) here: (Attach additional sheets, if | necessary.) |
| | | | |
| | | | |
| Dated Nove | P. | | · |
| | Rubert m ORSO | er or authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00