108000090727

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M. THOMAS
NOV - 4 2008
EXAMINER

COVER LETTER

Division of Cor				
SUBJECT: A Home	eowner's Resource L			•
	(Name of Limit	ed Liability Company)		
	Amendment and fee(s) are submater t	_		
	Diana Heitman, Managing	g Member		
		(Name of Person)		
	A Homeowner's Resource	LLC		
		(Firm/Company)		
	2052 NE Floridian Circle			
		(Address)		
	Arcadia, FL 34266			部首
		(City/State and Zip Code)		福山
For further information of	oncerning this matter, please ca	н.		FILED FILED OF STATE SECURISE OF STATE
Diana Heitman		at (863) 640-5025		
(Name o	of Person)	(Area Code & Daytime T	elephone 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 Fe Certificate of S Certified Copy (additional cop	tatus &

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

(Name of the Limited Liability	v Company as it now appears on our records.	1
(A Florida	y Company as it now appears on our records. Limited Liability Company)	,
The Articles of Organization for this Limited Liability Carlorida document number <u>L08000090727</u>	Company were filed on Sept. 24, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo 'L.L.C."	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		NOV NOV
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3 TH
		mor i
		ORIAN ORIAN
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>ent</u> <u>dress here</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stree	t address)
	, Florida	
	(City)	(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:

MGR = Mar MGRM = M	Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Deborah C. Eisen	22210 Fresno Terrace Boca Raton, FL 33433	Add Remove
			Add To Remove
			FLORDE Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if ne	cessary.)
Dated Octob		08	
	Dano L Historia mei	nber or authorized representative of a member	
	Diana L. Heitman	/ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00