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SEGRETARY OF STATE DIVISION OF CORPORATIONS

09 SEP 28 PM 2: 16

T. HAMPTON
SEP 2 9 2009
EXAMINER

COVER LETTER

TO:

TO: Registration Section Division of Corporations						
SUBJECT: Home	Preservers, LLC					
SUBSECT.	·	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	buitted for filing.				
Please return all corresp	condence concerning this matte	r to the following:				
•	Joeny C. Ortiz					
		Name of Person				
Royale Blanc, LLC						
Firm/Company						
5900 Bristol LN						
		Address				
	Davie, FL 33331					
City/State and Zip Code royaleblanc@gmail.com						
		to be used for future annual report notifica	tion)			
For further information	concerning this matter, please	•	,			
Joeny C. Ortiz		at (305) 527-6328				
Name of Person		Area Code & Daytime T	elephone Number			
Enclosed is a check for	the following amount:					
X \$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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Preserver, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document numberL08000106624		11/17/2008	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	liability company he	r <u>e</u> :	
The new name must be distinguishable and end with the words "l" "L.L.C."	Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SEP 28 PM 2:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on here:	our records, <u>enter t</u>	he name of the whew
Name of New Registered Agent:		·	
New Registered Office Address:	Ei	nter Florida street add	ress
		. 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 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 Type of Action <u>Address</u> Title <u>Name</u> 5900 Bristol LN <u>MGRM</u> Joeny C. Ortiz ☐ Add Davie, FL 33331 Remove 5900 Bristol LN Davie, FL 33331 Royale Blanc, LLC Add Add MGRM Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.) Dated_

Joeny C. Ortiz
Typed or printed name of signee

Signature of a rhomber or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00