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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TYNDAW HOMES 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:
DAVE PETERSON Name of Person
TYNDAU HOMES Firm/Company
Address OPLANDO PL 32828 City/State and Zip Code E-mail address: (to be used for future annual report notification) BELL SOUTH. NE
OPLANDO PL 32828 City/State and Zip Code
E-mail address: (to be used for future annual report notification) BELL SOUTH, NE
For further information concerning this matter, please call:
Pos ANNE FIRRIO 6 at (407) 435 1753 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times S30.00 Filing Fee \times Certificate of Status \$\ \times S60.00 Filing Fee, \times Certificate of Status \times Certified Copy (additional copy is enclosed) \$\ \times S60.00 Filing Fee, \times 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TYNDAU HOMES	LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.)			
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 0 8 0 0 0 1 0 7 0 7 9</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of	company here:			
The new name must be distinguishable and end with the words "Limited L "L.L.C."	ability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	OPLANDO FL 32828			
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32828			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	NA			
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name of the new			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code ACE CO TO TO TO TO TO TO TO TO TO			
I hereby accept the appointment as registered agent and agree to the provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addrompany has been notified in writing of this change. If Changing I	erformance of my duties, and I am ffiniliar with and led for in Chapter 608, F.S. Or, if this document is			

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

<u>Title</u>	<u>Name</u>		Address		Type of A	ction
109			11257 W. L.	NEBAU6H 33626	Add _ Remove _	3
<u> </u>	DAVE AZ	TERSON	940 JACK		Add Remove	;
S <u>ECRET</u> AR	Y ROSAN	SNE FIRRIOLE	040 JACK	BINE PC 32828		; -
					Add Remove	;
	······			4	_□Add □□Remove	
					Add Remove	
D. If amend	ling any other infor	mation, enter change(s)	here: (Attach additional sh	neets, if necessary.)	-	
					-	
_					-	
Dated	24/10	Signature of a complete or a	authorized representative of a r	nember A	10 FE	
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			Page 2 of 2	E. F.	마 PH -	
		Filin	g Fee: \$25.00	ORIE	HIAIS	