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(Address)

(City/State/Zip/Phone #)

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10 FEB - 8 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TYNDALL 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

TYNDALL HOMES
Firm/Company

940 JACK PINE PLACE
Address

ORLANDO FL 32828
City/State and Zip Code

MARK ROSENQUIST@BELL SOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSANNE FERRIOLO at (407) 435 1753
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:
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

TYNDALL HOMES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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ALLAH

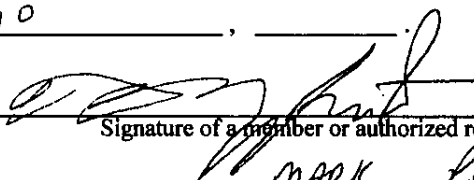
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARK Rosengvist	11257 W. LINE BAOGH	<input type="checkbox"/> Add
		TAMPA FL 33626	<input checked="" type="checkbox"/> Remove
TRES.	DAVE PETERSON	940 JACK PINE	<input type="checkbox"/> Add
		ORLANDO FL 32828	<input type="checkbox"/> Remove
SECRETARY	ROSANNE FIRRIOLO	940 JACK PINE PL	<input type="checkbox"/> Add
		ORL FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 2/4/10


Signature of a member or authorized representative of a member
MARK Rosengvist
Typed or printed name of signer

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