## L08000107175

(Requestor's Name)					
(Address)					
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(Address)					
(City/Chata/Zin/Dhana #)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(200					
Certified Copies Certificates of Status					

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L. SELLERS

DEC - 2 2008

**EXAMINER** 

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Home S	aving Modifications	, LLC					
(Name of Limited Liability Company)							
•							
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.					
Please return all correspor	idence concerning this matter	to the following:					
	Paul Sardon						
		(Name of Person)					
	Paul J. Sardon PA						
(Firm/Company)							
	2404 0 138 0	<b>5</b>					
3191 Coral Way Suite 115 (Address)							
	Miami, FL 33145	·	· · · · · · · · · · · · · · · · · · ·				
		(City/State and Zip Code)					
Par Carlos is Commedian as		all.					
For further information ec	oncerning this matter, please ca	dii.					
Paul Sardon		at ( 305 ) 4033990					
(Name of Person)		(Area Code & Daytime Te	elephone Number)				
Enclosed is a check for th	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section		STREET/COURIER Registration Section	ADDRESS:				
Division of Corporations		Division of Corporatio	ns				
P.O. Box 6327		Clifton Building 2661 Executive Center	. Ciralo				
Tallahassee, FL 32314		Tallahassee, FL 32301					

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Saving Modifications, LLC	·	
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	· - · - · - · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liabili	ity Company were filed on November 18, 2008	and assigned
Florida document number <u>L.08000107175</u>	·D	
This amendment is submitted to amend the followin	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the 'L.L.C."	e words "Limited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, enter the	ne name of the new
egistered agent and/or the new registered office	address nere:	
Name of New Registered Agent:		08 P
New Registered Office Address:		
	(Enter Florida street add	ress) _
_	, Florida	Z(Zip Code)
New Registered Agent's Signature if changing Regis	•	

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Paul J. Sardon, P.A.	3191 Coral Way, Suite 115 Miami, FL 33145	Add Remove
MGRM_	Paul J. Sardon, Esq.	3191 Coral Way, Suite 115 Miami, FL 33145	Add Remove
			Add Remove
			Add Remove
	···		Add Remove
			Add Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	•
  		·	OB DEC - 1 AM
Dated		<u></u>	M 8: 23
	Paul J. Sa	nember or authorized representative of a member  Ali \( \) Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00