L08000107948

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D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SURIFCT

INTERNATIONAL HOMES GROUP, 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:

David Campbell Combe

Name of Person

Campbell Combe Enterprisés, Inc

Firm/Company

1933 Wind Willow Road

Address

Orlando, FL 32809

City/State and Zip Code

dcc@financeandsales.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Campbell Combe

Name of Person

_{...}321 442 3198

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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International Homes Group, LL0			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Florida document number L08000107948	y Company were filed on 11/19/200	and assigned	
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the o	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	,		
(Principal office address MUST BE A STREET AD	DRESS)		
		277	
) - 55 <u>- 65 - 65 - 65 - 65 - 65 - 65 - 6</u>	
Enter new mailing address, if applicable:		53) E 100	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
		STA:	
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our reco	ords, enter the name of the nev	
togetered agent and of the new registered office a	duress here.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	ype of Action
MGR	David Campbell Combe	1933 Wind Willow Rd, Orlando FL 32809	✓ Add
			Remove
			-
·			Add
			Remove
			-
		·	Add
		*****	Remove
			Add
			Remove
			Add ;
		RACE	7: 58 Remove
			Add
			Remove

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	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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