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EXAMINER



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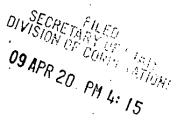
COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Home	cured LLC	
		ited Liability Company)	-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Daniel L. Barrows		
		(Name of Person)	
	Homecured LLC		
		(Firm/Company)	
	2620 Amelia Road		
		(Address)	
	Fernandina Beach, FL 3	2034	
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Daniel	L. Barrows	at (904) 261-8425	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
2 \$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)
Regist Divisio P.O. B	AND ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1	Homecured LLC	, /3	
(Name of the Limited Liability (A Florida L	Company as it now appe imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Conference L09000006613	ompany were filed on	January 20th, 2009 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company h	ere:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Com	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	YESS)		
	 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	(City)	, Florida(Zip Code)	
	(0)	(Lip Couc)	

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

<u>Title</u>	Name	Address	Type of Action
MGRM_	Carlene J. Barrows	2620 Amelia Road Fernandina Beach, FL 32034	Add Add
MGR	Daniel L. Barrows	2620 Amelia Road Fernandina Beach, FL 32034	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
_	ding any other information,	enter change(s) here: (Attach additional sheets, if nece	essary.)
Dated	April 15th,		· · · · · · · · · · · · · · · · · · ·
		Donol James	
	Signatur	e of a member or authorized representative of a member	
		Daniel L. Barrows Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00