## Kits Se (1) (19056752811

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H09000245165 3)))



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Division of Corporations

Fax Number : (650) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number: I2007000C160

Phone : (800) 494-3124

Fax Number

: (561)455-9885

\*\*Enter the email address for this business entity to be used for fulfife annual report mailings. Enter only one small address please.\*\* 77

Email	Address:						
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HOME BUYERS 2, LLC**

Certificate of Status	0
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<del>-NOV-2</del> 3 2009

HEXAMINER

Electronic Filing Menu

Corporate Filing Menu

HOME BUYERS 2, LLC

company has been notified in writing of this change.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited) (A	Liability Compa Florida Limited I	ny as it now appears on our re- liability Company)	cords.)	<del></del>	_	
The Articles of Organization for this Limited Liability Company were filed on 01/27/2009				and assigned		
Florida document number L09000008386	<del></del> ,					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:	: !	SE(	2009	
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Company," the desi	ignation "L	ECKE IAA?	the bbr	7.87.27.5
Enter new principal offices address, if applica	9001 DANIELS PKWY STE	E 203		<u>'ŏ</u>	5	
(Principal office address MUST BE A STREE	T ADDRESS)	FORT MYERS, FL 33912		<u> T</u> S	E	
					<u> </u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		9001 DANIELS PKWY STE	E 203	205	డు	
(Muiling address MAY BE A POST OFFICE I	30X)	FORT MYERS, FL 33912				
B. If amending the registered agent and/or registered agent and/or the new registered off			s, <u>enter t</u>	he nam	e of th	ie new
Name of New Registered Agent:	SALTWATER	CAPITAL, LLC				p.perturbush
New Registered Office Address:	9001 DANIELS	LS PKWY STE 203				
	(Enter Florida street address)					
			orida <u>339</u>			
	•	(City)		(Zip (	Code)	
New Registered Agent's Signature, if changing R	egistered Agent:					
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regist being filed to merely reflect a change in the re	oper and compl tered agent as p	ete performance of my duties rovided for in Chapter 608,	s, and I ar F.Ş. Or, ij	m famil f this de	iar witi ocumen	h and

Page 1 of 2

# 69000045165-3

(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:

### 09 500 245 165 3

MGR = Mana MGRM = Ma	nger nnaging Member	TI T	
<u>Title</u>	Name	Address	Type of Action
MGRM_	BLUE OCEAN INVESTMENT GROUP INC.	1848 BOLADO PKWY CAPE CORAL EL 33990	Add Add Remove
			Add Remove
			ALC DAdd
			SSE CO Remove
		·	Add Remove
D. If amendin	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if neco	essary.)
Dated NOVEM	BER 10TH , 2009		
	Richard H. Shat	or or authorized representative of a member	•

Page 2 of 2