

Division of Corporations

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Florida Department of State
Division of Corporations
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(((H100000570413)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DESANTIS, GASKILL & HUNSTON, P.A.
Account Number : 073447002234
Phone : (561) 622-2700
Fax Number : (561) 622-2841

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TALLAHASSEE, FLORIDA

10 MAR 12 AM 10:39

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DIVISION OF CORPORATIONS

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G. MCLEOD

MAR 15 2010

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REVERSE HOMES OF FLORIDA, 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:

CURTIS L. SHENKMAN, ESQ.

Name of Person

DeSANTIS, GASKILL, SMITH & SHENKMAN, PA

Firm/Company

11891 US HIGHWAY ONE, SUITE 100

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

imsadriver@aol.com

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

For further information concerning this matter, please call:

CURTIS L. SHENKMAN, ESQ.

Name of Person

at (561)

622-2700

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)

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MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
3661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REVERSE HOMES OF FLORIDA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 29, 2010 and assigned Florida document number L06000009054

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INDEPENDENCE HOUSING GROUP OF FLORIDA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 12 AM 10:36

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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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>
_____	_____	_____	<input type="checkbox"/> Add <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
_____	_____	_____	<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 March 11, 2010

Signature of a member or authorized representative of a member

W. DUDLEY DIXON, JR., MGRM

Typed or printed name of signee