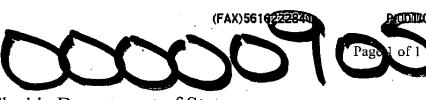
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Division of Corporations



Florida Department of State Division of Corporations

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EXAMINER

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COVER LETTER - -

Division of (n Section 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 corre	spondence 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	n concerning this matter, please call:	
	L. SHENKMAN, ESQ. at (561) 622-2700	
Nam	e of Person Area Code & Daytime Telephone Number	
Enclosed is a check for	τ the following amount:	
\$25.00 Filing Fee	✓ \$30.00 Filing Fec & S55.00 Filing Fec & S60.00 Filing Fec, Certificate of Status Certified Copy Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
•	•	
	H10000057041	. :

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

H10000057041 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liabi	lity Company wo	ere filed	on J	anuary 2	9, 2010	and assigned
Florida document numberL0600000905	4		•			
This amendment is submitted to amend the following	ng:			•	•	
A. If amending name, enter the new name of the	limited liabilit	<u>v comps</u>	ny here:	• •		
INDEPENDENCE F						
The new name must be distinguishable and end with th	e words "Limited	Liability	Company	y," the desig	gnation "LLC"	or the abbreviation
Enter new principal offices address, if applicable	·•			••		
(Principal office address MUST BE A STREET A	_		····			
			·			7
·	***					2
Enter new mailing address, if applicable:						3
(Mailing address MAY BE A POST OFFICE BOX)						<u></u>
						<u> </u>
D. Sharanastan dia matakanatan matakanata	tu to por					4.4
 If amending the registered agent and/or registered agent and/or the new registered office 	address here:	auores	s on our	records,	enter the n	ame of the nev
			:			
Name of New Registered Agent:				.1		
New Registered Office Address:				•	•	
_		· ·	Enter	Florida sti	reet address	
				, Flo	rida	,
· · · · · · · · · · · · · · · · · · ·		ity			Zi	n Code
lew Registered Agent's Signature, if changing Regist						

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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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:

	Name	Address	Type of Action
	•		
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	·		Add
			
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•			
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·			Remove
-1			—∏Add
		- Annual Control of the Control of t	Remove
			
		•	Add Remove
·····	the management of the control of the	NGC(S) NCCC: [Allach additional sheets if necessary)	
If amend	ing any other information, enter cha		
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Page 2 of 2

Filing Fee: \$25.00