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(Dames Andre Name)			
(Requestor's Name)		٠	
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(City/State/Zip/Phone #)			
PICK-UP WAIT		MAIL	
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(Business Entity Name)	:	٠,	į
· (Document Number)		•	
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SECRETARY OF STATE

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EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:		sworks, LLC ted Liability Company		
The seal and Astisland	\$ A d	wined for Clina		
	Amendment and fee(s) are sub	_		
Please return all corresp	ondence concerning this matter	to the following:		
		John A. Zaffina, Jr.		
		Name of Person		
Hausworks, LLC				
Firm/Company				
	Bra	denton, Florida 34209		
		City/State and Zip Code		
	E-mail address: (ezaffina@aol.com to be used for future annual report notific	cation)	7.6 21
For further information	concerning this matter, please of	•	,	2009 HOV 16 SECRETARY
L	lohn Zaffina	at (941)	761-3614	TAR.
	of Person	Area Code & Daytime	Telephone Number	A 1 I
				AM II: 06 OF STATE E. FLORIDA
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)	Certified	e of Status &
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hausworks	, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appea pility Company)	rs on our records.	
(**************************************	,,p,		
The Articles of Organization for this Limited Liability Company we	ere filed on	02/09/2009	and assigned
Florida document number L09000013183			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
_			EE 3
			200
Enter new mailing address, if applicable:			55 To 1
(Mailing address MAY BE A POST OFFICE BOX)			Ma P
1.72441119, 44441111111111111111111111111111	·········		20 = 1
-			22 0
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on	our records, <u>enter t</u>	he nev
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Er	nter Florida street add	ress
	, 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

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

Type of Action <u>Title</u> **Name Address** MGMR Elizabeth M. Zaffina 2150 72nd St Cir. W Add Bradenton, Fl. 34209 Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 11 2009 Dated_ Signature of a member of authorized representative of a member John A. Zaffina, Jr. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00