L09000048657

Florida Department of State
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SANDPIPER VACATION PROPERTIES, LLC

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EXAMINER

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Mar 11 2011 4:09PM SBR USA INC 407-297-0588 P.2

FAX AUDIT # H 11000065071 3

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Sandpiper Vacation Properties, 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:

James K. Duerr, CPA
Name of Person

Small Business Resources USA, Inc.
Firm/Company

1601 Park Center Drive, Ste. 6A
Address

Orlando, FL 32835
City/State and Zip Code

JimD@sbrorlando.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James K. Duerr, CPA at (407) 296-4646
Name of Person 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)

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

FAX AUDIT # H 11000065071 3

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandpiper Vacation Properties, LLC

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

(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 19, 2009 and assigned Florida document number L09000048657.

This amendment is submitted to amend the following:

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

Distressed Homeowner Solutions, 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)

1882 State Road 44
Suite 235
New Smyrna Beach, FL 32168

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1982 State Road 44
Suite 235
New Smyrna Beach, FL 32168

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: Small Business Resources USA, Inc.

New Registered Office Address: 1601 Park Center Drive, Ste. 6A
Enter Florida street address

Orlando, Florida 32835
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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FAX AUDIT #: H 11000065071 3

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

Title	Name	Address	Type of Action
MGRM	Paula J. Durrance	1982 State Road 44 Suite 236 New Smyrna Beach, FL 32168	☑ Add ☐ Remove
MGRM	Paula J. Durrance	801 Sandpiper Ave New Smyrna Beach, FL 32169	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 4, 2011.

Signature of a member or authorized representative of a member

Paula J. Durrance, MGRM
Typed or printed name of signee

Filing Fee: $25.00

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