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JUL 24 2009

EXAMINER

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Elite Homes		
Nan	ne of Limited Liability Company	
The enclosed Articles of Amendment and fee	(s) are submitted for filing.	
Please return all correspondence concerning to	this matter to the following:	
Emma	Name of Person	
Elite	Homes and Properties LLC Firm/Company	
105 €.	Robinson, Soite ZZZC  Address	ZOO9
		2009 JUL 23 PM 1: 37 SECRETARY OF STATE TALLAHASSEE. FLORID.
Oel,	City/State and Zip Code	ARY SSS
200.01	Rothers Cales Holmi Lcom  I address: (to be used for future annual report notification)	F 32
E-mai	address: (to be used for future annual report notification)	PH 1:37 OF STATE
For further information concerning this matter	r, please call:	Öm I
Emma Brothers	at (407) 754- 5624  Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	<del></del>
Enclosed is a check for the following amount	:	
\$25,00 Filing Fee \$30.00 Filing F		ng Fee,
Certificate of	(additional copy is enclosed) Certified	e of Status & Copy al copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Homes and Pres	speakes LLC			
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our records. imited Liability Company)	)		
The Articles of Organization for this Limited Liability Conformation Florida document number 1090051687		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation	on "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		2009 SEC		
(Principal office address MUST BE A STREET ADDRE	ESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		23 PM 1: 37 ARY OF STATE SSEE, FLORIDA		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		er the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	Zip Code		
	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, 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>	Address	Type of Action
MGR	Robert C. Jennings	927 AZABIAN AVE W. ater Springs, FL 32708	Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
	<del></del>		Add
D. If amen	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessar	23 PH 1: 37
_	· · · · · · · · · · · · · · · · · · ·		97 ————————————————————————————————————
		<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Dated	Eme!	Ly Brothers	
	Enily BOOTA	lber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00