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Office Use Only



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C. LEWIS

DEC 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: American Home Solutions Realty, 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:
Judith M. Fernandez Name of Person
American Home Solutions Realty LLC Firm/Company
3850 Bird Rd. PH 1 Address
Coval Gables, FL 33146 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tudith M. Ferrandez at (305) 308-8554 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{S55.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} \$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DM 12: 38

				200	9 DEC - 1	LU 15. 20
American H	ome Soua	70005	Realty	LLG	FCRETAR	LY OF STATE
(Name of the Limited)	Liability Compar	ny as it no	w appears on	our read	HAS:	SEE. FLURIDA
The Articles of Organization for this Limited Lia	ability Company	were file	d on <u>67</u>	<u>a3 0</u>	9	and assigned
Florida document number <u>LD9000570</u>	171					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility com	pany here:			
•						
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liabil	ty Company,"	the design	nation "LL	.C" or the abbreviation
Enter new principal offices address, if applica	ble:				·	
(Principal office address MUST BE A STREET	(ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	3OX)					
B. If amending the registered agent and/or registered agent and/or the new registered officered.			ess on our r	ecords,	enter the	e name of the nev
		-				
Name of New Registered Agent:	Juaitn	m. c	Sonzale	z- F	erna.	ndez
New Registered Office Address:						
			Enter Fl	orida sti	reet addre	SS
				, Flo	rida	
		City				Zip Code
New Registered Agent's Signature, if changing Re	egistered 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 amenting 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 Address Title <u>Name</u> **Type of Action** orenzo Perez, Jr. MGRM ☐ Add Remove Judith M. Gonzalez-Fernandez mgRM Add Remove _□ Add Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00