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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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FEB 2 2 2016

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. COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Homes Direct 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:
LAN B. KENNEDY- DAVIS Name of Person
DAVIS É KENNEDY P. A Firm/Company
766 N. SUN BRIVE, SUITE 2000 Address
LAKE MARY, FL. 31746 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAN B. Kenwech - 1) Avi 1 at (407) 915-5515 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$55.00 Filing Fee \& Certificate of Status \& Certificate of Stat

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

Homes hire (Name of the Limit	ed Liability Compan (A Florida Limited L	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Life Florida document number <u>L090008</u>	iability Company v	_		assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation	on "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applications	able:		Sim ri	T \$
(Principal office address MUST BE A STREE	T ADDRESS)		SSET.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE II) B. If amending the registered agent and/oregistered agent and/or the new registered offi	or registered offi	ce address on our r	FLORIDA ecords, enter the name	
Name of New Registered Agent:	_	KENABIST P.M	Suite 2000	
New Registered Office Address:	766 N.	SUM DRIVE Enter Florida street	Suite 2000 address	
	LAKE MA	A.Y City	, Florida3_770 Zip Cod	le
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re	r and complete pe tered agent as pro	erformance of my duti ovided for in Chapter	ies, and I am familiar w 605, F.S. Or, if this do	vith and cument is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager '
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TAM T. NguyEN	510 ORIONVISTA WAY	⊠ Add
		OAKLAND, F1. 34787	Remove
			☐ Change
MGR	TAM T. NguyEN	510 ORION VISTA WAY	[2] Add
		OAKLAND, F1. 34787	□ Remove
		<u></u>	Change
AMBR	MICHAEL X. LEE	510 ORIONVITTA WAY	Add
	·	OAKLADO, FL. 34787	Remove
			☐ Change
			Add
			□ Remove
			Change
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		LAHASSEE, F	Remove FEB Change
		STATE LORIDA	Remove ☐ Change
			u Change

								
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-		Signature of a	member or auth	orized representative	of a member	35.7m	633	trus mas-
		G		orized representative		HESSET FL	19 19	

Filing Fee: \$25.00