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**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
SUBJECT:	Hom	ne Effects, LLC	
	Name of Li	imited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
		John C. Peacock	
		Name of Person	
		Home Effects, LLC Firm/Company	
		· ····· Sompan,	
		1993 Morritts Court Address	
		Addiess	
		Eustis, FL 32726	
		City/State and Zip Code	May White
	E-mail address:	City/State and Zip Code	and copper
For further information	concerning this matter, please	e call:	P.T
Joh	nn C. Peacock	at ( 407 ) 927-2021 55	
	of Person	at (407) 927-2021 Area Code & Daytime Telephone Number	
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

H	lome Effects, LLC		
(Name of the Limited Lia)	p <mark>ility Company as it now ap</mark> rida Limited Liability Compa	pears on our records.)	
(1110)	ida Emitod Blacinty Compa	<del>.,</del> /	
The Articles of Organization for this Limited Liabili	ty Company were filed on	August 27, 200	9 and assigned
Florida document numberL0900083053	3 .		
This amendment is submitted to amend the following	g:		
	-		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	mpany," the designation	
			SE SE
Enter new principal offices address, if applicable:			P3 -
(Principal office address MUST BE A STREET AL	ODRESS)		<u> </u>
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	1		E»*
		<del> </del>	
B. If amending the registered agent and/or rep		n our records, enter	the name of the new
registered agent and/or the new registered office a	ddress here:		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street ad	dress
		. Florida	
<del>-</del>	City	, 110.100	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>	Name	Address	Type of Action
MGRM	John C. Peacock	1993 Morritts Court, Eustis, FL 3272	6 7 Add Remove
<del></del> .			Add Remove
MGRM	Zachary D. Peacock	1993 Morritts Court, Eustis, FL 32726	Remove
	•		AFFA Remove  -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3
			Add Remove
D. If amendin	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary)	
Dated	September 1 , 200	09 SCECL_	_
· -	Signature of a member of	or authorized representative of a member thn C. Peacock or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00