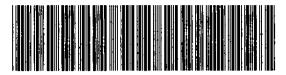
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(R	equestor's Name)		
(A	ddress)		
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(C	city/State/Zip/Phone #)		
PICK-UP	MAIL MAIL		
(B	dusiness Entity Name)		
(Document Number)			
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T. HAMPTON

GE:: 2 2 2009

EXAMINER

COVER LETTER

Division of Corp	porations		
SUBJECT:	NW Homes LLC		
SUBJECT.	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this matter to the following:		
	Stephen Harter		
	Name of Person		
Owner Accounting Services			
	Firm/Company		
Summit House, 35 Church Road			
	Address		
	Lymm, Chashira WA13 0OS United King	dom	
Lymm, Cheshire WA13 0QS United Kingdom City/State and Zip Code			
	stephen@owneraccounting.com		
	E-mail address: (to be used for future annual report notification)	ation)	
For further information c	concerning this matter, please call:		
STEPHE	of Person at (OII) 44 197	25 75833U	
Name o	of Person Area Code & Daytime	reteptione (valuoe)	
Enclosed is a check for the	_		
▼ \$25.00 Filing Fee	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

(<u>Name of the Limited Liak</u> (A Flor	Dillity Company as it now appears on our records.) rida Limited Liability Company)	_
The Articles of Organization for this Limited Liabili Florida document number	· · · · ——————————————————————————————	nd assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation "LLC" of	or the abbreviation
Enter new principal offices address, if applicable	: :	Z VIC
(Principal office address MUST BE A STREET A	DDRESS)	1 60
,		
	-	との語
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	XO	S SS
		20 ATE
		NS.
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on our records, <u>enter the na</u> <u>address here</u> :	ame of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Linei I toi taa sii eet aaai ess	
_	, Florida	Codo

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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Title** <u>Address</u> <u>Name</u> MGR Judith Robertson 5 Daisy Hill Dr. Daisy Hill ☐ Add Westhoughton Bolton BL5 2SA ✓ Remove Judith Roberson MGRM 5 Daisy Hill Dr. Daisy Hill **✓** Add Westhoughton Bolton BL5 2SA ☐ Remove Add ☐ Remove ☐ Add Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12/16/09 Dated Signature of a member of authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Stephen Harter

Filing Fee: \$25.00