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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HB Home A welcomment 1477 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:	
Barbara Wolfsdorf Name of Person 1477	•
HO ROME DEVELOPMENT LLC Firm/Company	
ON GUOW OOL # 80 5 -	Π
Mum, Ila-33/33 City/State and Zip Code JWOLFSDORF Qaol. Com	ココ
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Barbara Wolfsdorf 305 586-4723	
Name of Person! Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$\sum_{\$25.00}\$ \text{Filing Fee} \sum_{\$55.00}\$ \text{Filing Fee} \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{(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

Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number _ _ _ 100000 12 8/1 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 **Title Name Address Type of Action** Add
 Add
 ■ The control of the contr Remove Add Remove ☐ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee

WOLFSDORF

BARBARA

Page 2 of 2

Filing Fee: \$25.00