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(Re	equestor's Name)				
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AUG 2 9 2012 T. HAMPTON

COVER LETTER

TO: Re	gistration Sectio vision of Corpor	n ations	• •		
SUBJECT: LAW OFFICES OF HOMESTEAD, LLC Name of Limited Liability Company					
			on and any		
The enclose	d Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please retur	n all corresponde	nce concerning this matter	to the following:		
MARTHA E. VILLACIS					_
Name of Person					
LAW OFFICES OF HOMESTEAD, LLC					-
			Firm/Company		
1474 N. FEDERAL HWY					
Address					
	HOMESTEAD, FL 33030 City/State and Zip Code				
					-
homestead1474@yahoo.com E-mail address: (to be used for future annual report notification)					
			-	notification)	
For further	information conc	erning this matter, please c	all:		
MARTHA VILLACIS		at (305)	393-8150		
	Name of Pe	rson	Area Code & Da	lytime Telephone Numbe	er
Enclosed is	a check for the fo	ollowing amount:			
₹ \$25.00 I	Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certifie	ate of Status &

MAILING ADDRESS:

TO:

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

LAW OFFICES OF HOMESTEAD, LLC

FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

12 AUG 28 AM 10: 52

(Name of the Limited I (A I	Liability Company as it n Florida Limited Liability C	low appears on our records.) Company)	
The Articles of Organization for this Limited Lia Florida document number L100000163		ed on FEBRUARY 17, 2012 and assigne	ed
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability com	npany here:	
THE OF	FICES OF HOMES	TEAD, LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabi	ility Company," the designation "LLC" or the abbre	viation
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	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		dress on our records, enter the name of th	ie nev
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Florida	
	City	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 Title **Address Type of Action** <u>Name</u> .□ Add Remove ☐ Add 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

Page 2 of 2

Filing Fee: \$25.00