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| (Requestor's Nam | ne) |
|---|----------------|
| (Address) | |
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| (City/State/Zip/Ph | one #) |
| PICK-UP WAIT | MAIL |
| (Business Entity N | Name) |
| (Document Numb | er) |
| Certified Copies Certifica | ates of Status |
| Special Instructions to Filing Officer: | |
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| | |

Office Use Only



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T. CLINE

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EXAMINER

COVER LETTER

| Division of Co | rporations | | | | | |
|---------------------------|--|---|---------------------------------------|--------------------------|---------------------------|--|
| CHDIFCT. | Home Bu | ying Group, LLC | | | | |
| SUBJECT: | ///-/ | ted Liability Company | | | | |
| | | | • | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | |
| | | | | | | |
| | | Anthony Phillips | · | _ | | |
| | | Name of Person | | - | | |
| | | Home Buying Group | | | | |
| · | | Firm/Company | | - | | |
| | | 9803 SW 59th street | | | | |
| | | Address | · · · · · · · · · · · · · · · · · · · | •• | | |
| | | cooper City, FL 33328 | | | , | |
| | | City/State and Zip Code | | - Fig. 20 | | |
| | to | • | | ZIHI AUG 23 SECRETARI | | |
| | E-mail address: (| ony.phil@yahoo.com to be used for future annual report not | ification) | A 5 2 | na nervas e grada Nici | |
| For further information | concerning this matter, please of | all: | | Ltd.m.« | i Grantan | |
| • | _ | | | FLS SH | E-mai. | |
| An | thony Phillips | at (_954) | 610-7190 | OF STATE | a section, | |
| Name | of Person | Area Code & Daytin | me Telephone Numbe | er gim 2 | | |
| Enclosed is a check for | the following amount: | | , | | | |
| \$25,00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed | ed) Certifie | ate of Status & | losed) | |
| | LING ADDRESS | CONTRACTOR | NED ADDRESS | | | |

TO: Registration Section

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

| Ho | me Buying | Group, LLC | | | |
|--|--------------------------------------|--|---------------------------|--------------|-----------|
| (Name of the Limited L (A F | iability Compan Iorida Limited Li | y as it now appear ability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited Lial | were filed on | 02/25/2010 | and assig | med | |
| Florida document numberL100000213 | 312 | | | | |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, enter the new name of t | <u>he limited liabi</u> | lity company her | <u>'e</u> : | • | |
| | | | ì | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limit | ed Liability Compa | nny," the designation ' | AND BE | |
| Enter new principal offices address, if applicat | ble: | 2114 N. Flam | ningo Road #148 | | 1 |
| (Principal office address MUST BE A STREET | ADDRESS) | Pembroke Pi | nes, FL 33028 | 23 188 | H. Water |
| | | | <u> </u> | | 1 |
| | | | | 5 <u>4</u> 5 | Salar and |
| Enter new mailing address, if applicable: | | 2114 N. Flam | ingo Road #148 | REPORT | |
| (Mailing address MAY BE A POST OF FICE BOX) | | Pembroke Pi | nes, FL 33028 | | |
| | | | | | |
| | | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | | | our records, <u>enter</u> | the name of | the nev |
| | | | | | |
| Name of New Registered Agent: | Ruth Mateo Reyes | | | | |
| New Registered Office Address: | 2114 N. Flar | ningo Road #1 | 48 | | |
| - | | En | ter Florida street ad | ldress | |
| | Pem | embroke Pines Florida | | 33028 | |
| | 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 **Type of Action Title** Address <u>Name</u> MGRM Judie Phillips 9803 sw 59th street ☐ Add Cooper City, FL 33328 ✓ Remove ☐ Add Remove ☐ Add Remove Add Remove ت ∏r**Ad**d □Rèmove 700 Axdd Remove

| amending any other | | , | |
|--------------------|------|---------------------------------------|--|
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| | | | |

2010

August 20

Dated _

Signature of a member or arthorized representative of a member

Eric Phillips

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00