

L10000023610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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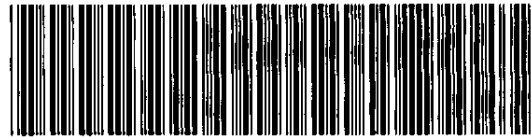
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL 19 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2PM JUL 16 AM 12 42

FILED

COVER LETTER

TO: . Registration Section
 . Division of Corporations

SUBJECT: HOMELINE PROPERTIES, 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:

Joseph Crossfield

Name of Person

Homeline Properties, LLC

Firm/Company

2922 SW Lucerne Street

Address

Port St. Lucie, Florida 34953

City/State and Zip Code

jcs_cro@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Crossfield

Name of Person

at (772)

971-5893

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

FILED
2010 JUL 16 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOMELINE PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 2, 2010 and assigned Florida document number L10000023610.

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 "L.L.C."

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)

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2010 JUL 16 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Florida

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

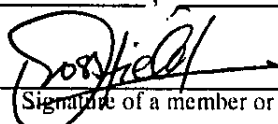
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EYADNEY BENNETT	4994 NW FAWN STREET PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOSEPH CROSSFIELD	2922 SW LUCERNE STREET PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOSEPH CROSSFIELD	2922 SW LUCERNE STREET PORT ST. LUCIE, FLORIDA 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMB	EVADNEY BENNETT	4994 NW FAWN STREET PORT ST. LUCIE, FLORIDA 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE ONLY MEMBER OF THIS LLC AUTHORIZED TO EXECUTE ANY LEGAL
DOCUMENTS ON BEHALF OF HOMELINE PROPERTIES, LLC IS THE
MANAGING MEMBER, JOSEPH CROSSFIELD.

Dated JULY 13, 2010



Signature of a member or authorized representative of a member

JOSEPH CROSSFIELD, MANAGING MEMBER

Typed or printed name of signee

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2010 JUL 16 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA