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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

J. BRYAN

APR -1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Home Owner's Network 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:				
Danielle M. Rivers				
Hone Owners Network UC				
10 11th Ave thit 201				
Jacksonille Beach, FL 32250 City/State and Zip Code Home Buyer Network a grail. Con E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Donielle Rivers at 9A 566 - 0062 Name of Person at 9A 566 - Ook 2 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this 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 6 29 2010 and assigned

Florida document number 1000014070

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 "LLC."

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)

TO LITH AVE # 201

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:

Danielle Rivers

New Registered Office Address:

) 11th Ave #201

Enter Florida street address

Jacksonville Brach, Florida 32250 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 Avent, 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

MGRN	1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Damous
			□ Damassa
			Add Remove
			Add Remove
			=
D. If a	mending any other information, enter	r change(s) here: (Attach additional sheets, if	necessary.)
			FIL 11 MAR 31 SECRETARY FALLAHASS
D-4-1	28 March,	2011 .	PM 12: 54 CY OF STATE SEE. FLORIO2
Dated _	7, 1,10,10,1	W 1	O M F
	Signature of a		
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00