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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Home Sale Staging, 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 Nemchik

Name of Person

Foreclosure Solution Group, LLC

Firm/Company

721 Wildwood Drive

Address

Winter Springs, Floirda 32708

City/State and Zip Code

foreclosuresolutiongroupllc@gmail.com

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

For further information concerning this matter, please call:

Joseph Nemchik

_{...}407 **462-170**8

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Sale Staging, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number L1000086451.	ny were filed on 8-17-10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	ar- 🕞
Foreclosure Solution Group, LLC		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the designatio	n "ELC" 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 registered agent and/or the new registered office address h		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	, Florida	
	Citv	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 **Address Title Name** Add Remove Remove Remove Remove Remove Add Remove

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Dated	12 - 13, 2012 .	
	Signature of a member or authorized representative of a member	
	Joseph Nemchik Typed or printed name of signee	
	Page 3 of 3	2對20至617
	Filing Fee: \$25.00	Ē