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**EXAMINER** 

## **COVER LETTER**

		OMES A DENT 11 C	
SUBJECT:		OMES 4 RENT, LLC ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
		JEFFREY L. KAPLAN	
	,	Name of Person	
	KA	APLAN LAW FIRM, P.L. Firm/Company	
		· init company	
	130 REM	IINGTON DRIVE, SUITE 1000  Address	
		OVIEDO, FL 32765  City/State and Zip Code	
	JKAPLA	AN@KAPLANLAWFIRM.US	
	E-mail address: (	(to be used for future annual report notification)	<b>~</b>
For further information	n concerning this matter, please	call:	2010 NOV -9
JEF	FREY L. KAPLAN	at (407) 706-6700	V
Nam	e of Person	Area Code & Daytime Telephone Number	
		লু জি লুক	
	r the following amount:	not a community gif Mile program	မ္ <u></u> ာ
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee.  Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	٤
		GERRENE/COMPLER ADDRESS	
Reg Divi P.O	istration Section ision of Corporations Box 6327 ahassee, 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

ORLANDO HO	MES 4 RENT,	LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appea ted Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp	oany were filed on	8/30/2010	and assign	ned
Florida document numberL10000091089				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "l	LLC" or the abb	reviation
Enter new principal offices address, if applicable:	5075 TIDEV	IEW CIRCLE, UN	IT 59	
(Principal office address MUST BE A STREET ADDRESS	ORLANDO,	FL 32819		
Estan sen secilis e aldunes if amiliante.				
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BOX)			SEE SEE	
B. If amending the registered agent and/or registered	d office address on	our records enter	the name of	the mev
registered agent and/or the new registered office address		our records, enter	# <del> </del>	i
			mes and	- 1
Name of New Registered Agent:				
New Registered Office Address:	E	nter Florida street add	The second secon	
	E	nter 1 tortaa street aad	H CSS	
		, Florida		
	City		Zin 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Domava
	<del></del>		Domovo
			= ;
			Domous
D. If amen	ading any other information, en	ter change(s) here: (Attach additional sheets, if	Remove
_			-9 AND
Dated	NOVEMBER 3	,	
	- $C$	m	
	- //	f a member or authorized representative of a member I, ATTORNEY & AUTHORIZED REPRE	
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00