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(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
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(Document Number)				
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EXAMINER

COVER LETTER

TO: Registration Division of Co					
SUBJECT:		lected Homes LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matter	r to the following:		·	
	Yos	sseph Joseph BOUHN	IK		
		Name of Person			
	Geor	gia Selected Homes L	LC		
		Firm/Company			
	555	NE 15th street , suite 2	200		
	A THE STREET OF THE STREET	Address			
		Miami, FL 33132			
		City/State and Zip Code			
		lattes@comcast.net		7	
		to be used for future annual repo	rt notification)		
For further information	concerning this matter, please of	call:			MILK .
Jean	Claude LATTES	at (786)	507 6111	SS 25	Searcher Language
Name	of Person		Daytime Telephone Number		[1]
Enclosed is a check for	the following amount:			26	• ′
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified (of Status &	

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

Georgia Se	elected Homes L	LC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now apper imited Liability Company	ars on our records.)				
The Articles of Organization for this Limited Liability Co	ompany were filed on	October 29 2010) ar	nd assig	ned	
Florida document numberL10000113064	_·					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ed liability company h	ere:				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Com	pany," the designation '	'LLC" o	r the abl	oreviation	
			Ās	201		
Enter new principal offices address, if applicable:		· · ·				
(Principal office address MUST BE A STREET ADDRI	ESS)		3>20 (17:52)		and by f	
			ASS ASS	12	il alpoin a krisin	
•			E C		A Take	
Enter new mailing address, if applicable:			ا کا میوند افزان ۱۳۰۰		ुनी ले इ.स.च्य	
			\$1,00	ATE:	 ;	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		GT 1741	<u> </u>		
B. If amending the registered agent and/or registe	ered office address on	our records, enter	the na	me of	the new	
registered agent and/or the new registered office address		<u></u>				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, Florida					
	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 <u>Title</u> <u>Name</u> **Address** Type of Action MGR BOUNHIK Olivier Raphael 555 NE 15th street, suite 200 **✓** Add Remove Miami, FL 33132 Remove \prod Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ january 20th 2011

M. BOUHNIK Yossef Joseph
Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00