

L11000032753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

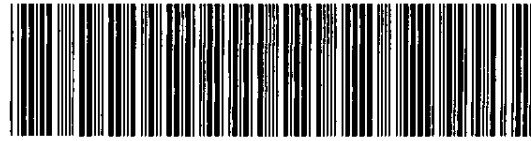
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

APR 18 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOUSINGBYOWNER.COM, 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:

GIUSEPPE OLIVERI

Name of Person

HOUSINGBYOWNER.COM, LLC

Firm/Company

PO BOX 771723

Address

ORLANDO, FLORIDA 32877

City/State and Zip Code

HOUSINGBYOWNER@LIVE.COM

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

For further information concerning this matter, please call:

FRANK J GUIDA CPA PA

Name of Person

at (407)

539-0031

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

FILED

2011 APR 15 PM 12:48

HOUSINGBYOWNER.COM, LLC

SECRETARY OF STATE
FLORIDA
(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 17, 2011 and assigned Florida document number L11000032753.

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)

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:

GIUSEPPE OLIVERI

New Registered Office Address:

1419 CEDAR LAKE DRIVE

Enter Florida street address

ORLANDO

Florida

32824

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

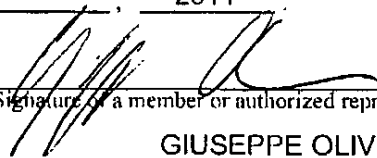
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SABRINA PALLOCCA	PO BOX 771723 ORLANDO, FL 32877	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	FABIO SOGNI	PO BOX 771723 ORLANDO, FL 32877	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GIUSEPPE OLIVIERI	PO BOX 771723 ORLANDO, FL 32877	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GIUSEPPE OLIVERI	PO BOX 771723 ORLANDO, FL 32877	<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.)*

Dated APRIL 4, 2011



Signature of a member or authorized representative of a member
GIUSEPPE OLIVERI

Typed or printed name of signee

2011 APR 15 PM 2:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED