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COVER LETTER

Division of Corporations					
SUBJECT: HomeLife Realty Franchising of Florida, LLC Name of Limited Liability Company					
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:					
Robert L Walma Name of Person					
Home Life Realty Franchising of Florida, LLC					
516 Siena Ct. Address					
Satellite Beach, FL. 32937 Citý/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Robert L. Walma at (941) 661-7042 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\}^{\\$60.00 Filing F					

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 were filed on 4-25-11 and assigned Florida document number L11000048313. 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." 516 Siena Ct. Satellite Beach, FL. 32937 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: New Registered Office Address: Enter Florida street address

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.

City

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	James T. Hannon	625 S. Hedge Cock Sq. Sate Ilite Beach, FL. 32937	Add Remove
MGR	Robert L. Walma	516 Siena Ct. Satellite Beach, Fl. 32937	Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If an	This is a trachise of Estate Sales Company. To have a Rester of The Signature of a member of Signature of a member of the signature of the signatur	TARY OF STATE RDA TO AUTHORIZE To authorized representative of a member	FILED IS: NO
	Typed 8	r printed name of signee	

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Filing Fee: \$25.00