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SECRETARY, OF STAFE
TALLAHASSEE, EL ORIOTA

J. Shilvers DEC 0 4 2014

## **COVER LETTER**

	istration Section ision of Corpor			
SUBJECT:	Alliance Ho	me Buyers LLC		
SUBJECT.		Name of Limit	ed Liability Company	
The enclosed	Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return	all corresponde	ence concerning this matter to	o the following:	
		Eric Leach		
			Name of Person	
		Alliance Home Realty	/	
			Firm/Company	
		3491 Whitner Way		
			Address	
		Sanford, FL 32773		
			City/State and Zip Code	<del></del>
	•	ERICJLEACH@GMA	IL.COM  be used for future annual report	notification)
For further in	formation conc	erning this matter, please cal	-	
Eric Leac	h		386 747-32	00
	Name of Pe	erson		time Telephone Number
Enclosed is a	check for the f	ollowing amount:		
□ \$25.00 F	iling 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

Alliance Home Buvers LLC

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 05/31/2011	and assigned
lorida document number L11000063445		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liah	oility company here:	
Alliance Home Realty LLC		
ne new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
	OF 11	43
<ul> <li>If amending the registered agent and/or registered ogistered agent and/or the new registered office address her</li> </ul>	· · · · · · · · · · · · · · · · · · ·	r the name of the
T	-	ALLE ALLE
Name of New Registered Agent:		AAR O
		ASS ASS
New Registered Office Address:	Enter Florida street address	
	Florido	
	, Florida _	≥ Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	•	D (

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing:	(optional)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be prior to date of the	ot be more than 90 days after
the date this document is filed by the Florida Department of State)	
Dated October 27th 2014	
Dated October 27th, 2014.	
	ive of a member
Dated October 27th, 2014.  Signature of a member or authorized representation.  Eric Leach	ive of a member

Page 3 of 3

Filing Fee: \$25.00

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