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		stration Secti sion of Corpo		·				
SUBJEC	`Т.	Simon Offshore Solutions Consulting, LLC						
BUDGEC			Name of Limit	ed Liability Company				
The enclo	osed	Articles of An	nendment and fee(s) are subm	nitted for filing.				
Please ret	turn	all correspond	ence concerning this matter to	the following:				
			Scott Simon					
Name of Person								
Simon Offshore Solutions Consulting, LLC								
				Firm/Company				
			216 S. Tampania Avc					
			Tampa, FL 33609					
			scottsimon80@gmail.com	City/State and Zip Code	·			
			E-mail address: (to	be used for future annual report not	ification)			
For furthe	er in	formation con	cerning this matter, please call	l:				
Scott Simon		813 368-2077 at ()	ne Telephone Number					
		Name of Po	erson	Area Code Daytin	ne Telephone Number			
Enclosed	is a	check for the i	following amount:					
□ \$25.0)0 Fi	ling 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)			

TO:

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

Simon Offshore Solutions Consulting, LLC (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 December 22, 2011 and assigned Florida document number L11000143308 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CLS Homes, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 235 12th Avenue N Enter new principal offices address, if applicable: Saint Petersburg, FL 33701 (Principal office address MUST BE A STREET ADDRESS) 235 12th Avenue N Enter new mailing address, if applicable: Saint Petersburg, FL 33701 (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 , Florida City

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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