L12000016854

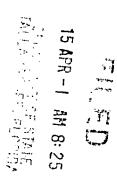
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| | (0) + (7) (0) | 40 |
| (Ci | ty/State/Zip/Phone | ∍ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| | | |
| (De | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |





800271087628

04/01/15--01030--011 **55.00





COVER LETTER

| TO: Registration Solution of Col | | | |
|----------------------------------|---|--|--|
| SUBJECT: _ Lo | ve Buying H | ones, LLC | 7 CT |
| | Name of Lim | ited Liability Company | APR . |
| | Amendment and fee(s) are sub ondence concerning this matter | · · | -1 M 8: 25 |
| | Nanay | Gattin Name of Person | |
| | J | Name of Person | |
| | Love B. | Firm/Company | |
| | | | Blud-Suite 314 |
| | Lake M | Mary FL 32 | 746 |
| | nbgatlin (| Marky, FL 32 City/State and Zip Code Dg mail. Com to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please ca | | • |
| Name o | Spttin f Person | at (407) 474_ Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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

| U | ル · · · · · · · · · · · · · · · · · · · |
|--|---|
| Name of the Limited Liability Compa (Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number | Liability Company) |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab LBH Hones, LLC The new name must be distinguishable and end with the words "Limited Liab | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 4300 W. Lake Mary Blod Suite 314 Lake Mary FC 32746 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4300 W. Lake Mag Blvd Suite 314 Lake May, FC 3274 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on our records, enter the name of the new e: |
| 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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| <u> Fitle</u> | <u>Name</u> | Address | Type of Action |
|--|-------------|---------|----------------|
| | | | □ Add |
| | | | □ Remove |
| | | | |
| ,, <u>, , , , , , , , , , , , , , , , , , </u> | | 46 | Add |
| | | | Remove |
| | | | |
| | | | Add |
| | | | Remove |
| | | | |
| | | | |
| | | | ☐ Remove |
| | | | |
| | | | Add |
| | | | □ Remove |
| | | | |
| | | | Add |
| | | | Remove |

| <u></u> | , |
|----------------------------------|---|
| | |
| ective effective date this | late, if other than the date of filing: |
| date this | late, if other than the date of filing: |
| fective e effective date this | document is filed by the Florida Department of State) |

Page 3 of 3

Filing Fee: \$25.00