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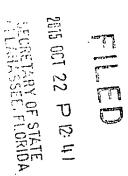
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COVER LETTER

10:	Registration Section Division of Corporations	
	ECT: National Home Busins Groups. Name of Limited Liability Company	•
SUBJI	ECT: NATIONAL HOME BUSING GYOUP. Name of Limited Liability Company	
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	ANTONIO HINES JR. Name of Person	-
	National Home Burgs Group.	-
	12651 N. Dale Mabry Hay P.O. Box 273 80	6
	City/State and Zip Code	-
	E-mail address: (to be used folduture annual report notification)	
For fur	ther information concerning this matter, please call:	
	TJ HINES at (8/3) 9/9 758 7 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
- [] -\$2:	(additional copy is enclosed) Certified	te of Status &

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

TU ARTICLES OF ORGANIZATION **OF**

NATIONAL Flore Buye (Name of the Limited Liability Com. (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	
Florida document number <u>L/2000669396</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14606 BOURNEMONTH P.D.
(Principal office address MUST BE A STREET ADDRESS)	Тапра , F1. 33626.
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	12651 N. Dale Habry Hwy P.O.Box Tampa, Fl. 33688 273806
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the newere</u> :
Name of New Registered Agent:	vio HINES Je.
New Registered Office Address: 14606	NIO HINES JR. BOURNETON H. R.L. Enter Florida street address
Tai	y pa , Florida 33626 Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
hereby accept the appointment as registered agent and ag	ree 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

•			
MGR = Man AMBR = Auti	ager horized Member		
Title	Name	Address	Type of Action
MBR	Antonio Hones JR.	14606 Box 8 16 18 18 18 18 18 18 18 18 18 18 18 18 18	— Add
		1265/ N. Dale Habry Hay P.O. BOX 273806 Tamps, F.	Remove
		336 8 6	B □ Change
PRES	Antonro Ames SR.	12651 N. Dale Mebry Huy P.O. Bon 273806 TAMPA, F1.33688	□ Add
			Z Remove
			Change
	***************************************	40.4000	□ Add
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E. Effec	tive date, if other than the date of filing:	(optional)	amount to 60\$ 0707 /2\/h
Note	If the date inserted in this block does not meet the applicable statutory filing requirement in the date on the Department of State's records.	its, this date wil	I not be listed as the
	cord specifies a delayed effective date, but not an effective time, at 12 e 90th day after the record is filed.		the earlier of:
Date	1_10/19/2015		
		T-1, 1-2	
	antow Geogh	<u> </u>	6 discontinue
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	Signature of a member or authorized representative of a member Automo Himss ()	201 OCT 22	Examinates f. o.
	Signature of a member or authorized representative of a member Automo Himes VR Typed or printed name of signee	2011 OCT 22 F	r (t
	Signature of a member or authorized representative of a member Automo Himes VR Typed or printed name of signee		A Language Control
	Signature of a member or authorized representative of a member Automo Hines VR Typed or printed name of signee Page 3 of 3		A Language Control

Filing Fee: \$25.00