4/2000/823/4

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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AUG - 8 2011				
EXAMINER				

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SECRE LARY OF STATE

COVER LETTER

Division of Co			,		
SUBJECT:	Susie'	s Home, LLC.			
	· ·	ited Liability Company		_	
	of Amendment and fee(s) are su	-			
Please return all corres	pondence concerning this matte	r to the following:			
		Junichi Obama			
		Name of Person		ZÕIZ AUG SECRE JA IALLAHA!	
		Firm/Company	······································	SE .	=
		28A Karat Path		OF S	11
		Address		Ø 22 NATE ORI®E	
	F	Palm Coast, FL 32164		₩ N	
		City/State and Zip Code			
	E-mail address: (jobama@cfl.rr.com to be used for future annual report n	notification)	-	
For further information	concerning this matter, please of	eall:			
	unichi Obama	at (386)	437-3131		
Name	of Person	Area Code & Day	time Telephone Numb	ber	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificosed) Certific	Filing Fee, cate of Status & ied Copy onal copy is encl	osed)

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

Susi	ie's Home, LLC.
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on June 21, 2012 and assigned
Florida document numberL12000082314	.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	A SE ZE
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation "EUC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the new</u> lress here:
Name of New Registered Agent:	
New Registered Office Address:	E.A., Elastinatura II.
	Enter Florida street address
	, Florida

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.

1GR = Ma 1GRM = N	nager Managing Member		
<u>itle</u>	<u>Name</u>	Address	Type of Actio
<u>IGRM</u>	Junichi Obama	28A Karat Path Plam Coast, FL 32164	Add Remove
<u>IGRM</u>	Yuumi Obama	14B Wheaton Lane Plam Coast, FL 32164	✓ Add ☐ Remove
			Add Remove
			Remove
			Add Remove
<u>.</u>			Add Remove
If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if necesso	ary.)
ited	August 1st ,	2012 .	
	Jusie Of	member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00