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SECHETARY OF STATE

AUG 2 7 2013 T. HALLPTON

COVER LETTER

TO: Registration Sec Division of Corp			
Subject: Susie's Home, LLC.			
	Name of Limited Liability Company		
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:		
	Junichi Obama Name of Person		
	Firm/Company		
	28A Karat Path		
	Address		
	Palm Coast, FL 32164		
	City/State and Zip Code		

For further information concerning this matter, please call:

Junichi Obama

at (386) 437-3131

Name of Person

Area Code & Daytime Telephone Number

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 enclosed)

E-mail address: (to be used for future annual report notification)

□\$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

- Susie's Home, LLC.	
(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>·ds.</u>)
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on June 21, 2012	and assigned
Florida document number L12000082314	
	∑
The second secon	· Per ≥ ¬
This amendment is submitted to amend the following:	表 5 1
A. If amending name, enter the new name of the limited liability company here:	AUG 2 TO RETARY OF AHASSEE
· · · · · · · · · · · · · · · · · · ·	1000
The new pame must be distinguishable and and with the words "Limited Liability Company" the design	eation "I P = the hreviotion
The new name must be distinguishable and end with the words "Limited Liability Company," the design "L.L.C."	SH -
	D E
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address if applicables	
Enter new mailing address, if applicable:	
(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 str	voot addrass
Enter Fiorida str	eer aaaress
	rida
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 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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> Address **Type of Action** <u>Name</u> Susie Obama 17 Port Lane **MGRM** Palm Coast, FL 32164 Remove Ë Remove Remove Remove

If amending any other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
d August 23	2013
w	
Sign	nature of a member or authorized representative of a member
Junichi Obama	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
AND AHASSEE, FLORIDA