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SECRETARY OF STALL

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Complete Homebuying Center, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Belmis Montesino Name of Person
The Complete Homebuying Conter, CLC Firm/Company
4904 SW 72 Ave Address
MIGHT, FC 33/55
City/State and Zip Code belnis 85/100 Gmail - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Belmis Wontesino at (305) 725-4185 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \$55.00 Filing Fee & Certificate of Status \$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & 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

The Complete Home (Name of the Limited Liability Company (A Florida Limited Lia	ebyying Center	e,lle
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears od our records.) ability Company)	,
The Articles of Organization for this Limited Liability Company w Florida document number \(\frac{\L}{130000}\) \(\frac{19}{1}\) .	vere filed on _12/5//>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
CHC HOMES LLC The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	16 NOV 21 PI
B. If amending the registered agent and/or registered office address here:	ice address on our records, enter	9 (25) 9 (25)
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address MA	Type of Action	
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fective date, if other than the dan effective date is listed, the date must be tee: If the date inserted in this block cument's effective date on the Department.	does not me	et the applicable	date of filing or n	op nore than 90 days af ag requirements, t	otional) her filing.) Pursuant to 6 his date will not be li	.05.0207 sted as
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Filing Fee: \$25.00