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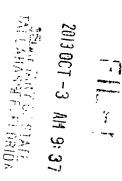
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J. SAULSBERRY EXAMINEIR OCT 7 2013

COVER LETTER

Division of Corporations	•	**		
SUBJECT: Prospect Homes Li Name of Limited	d Liability Company	· · · · · ·		
The enclosed Articles of Amendment and fee(s) are submitted. Please return all correspondence concerning this matter to	_			
Marie	Tz W Cun j Name of Person			
Img Cor	Stucton, Inc.			
477 Com	merce way #115			
•	City/State and Zip Code		20	
E-mail address: (to	Ozmocos ructor be used for futhre annual report notification:	1.00m	2013 OCT -	manufacture of preserve
Marie Tivani Name of Person	at (<u>407) 865-5771</u> Area Code & Daytime Te	lephone Number	-3 AN 9:37	
Enclosed is a check for the following amount:				
\$25.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certificate of Certified Co (additional c	f Status &	:d)

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

Prospect Hom	ies, LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on o la Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number U300037323	Company were filed on 8131	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9: 37
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	ddress here:	
	Enter Fl	orida street address
	City	, Florida Zip Code
	<i>,</i>	2.7 0000

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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
<u>MGRM</u>	Mark C. Filburn	477 Commerce way	Add
		Suite 115	Remove
		Longwood, FL 3275D	
<u>mgrm</u>	Richard Zahn	477 Commerce way	Add
		Suite 103	Remove
		Longwood, FL 32750	_
 			Add
			Remove
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•	nation, enter change(s) here: (Attach additional sheets, if necessar
	
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September 30	0 , 2013 .
September 30	0 , 2013 .
September 30	Toll
1	ignature of a member or authorized representative of a member
Si	Toll

Page 3 of 3

Filing Fee: \$25.00

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