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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corpora				
SUBJECT: PATA	Son Duch Name of Lim	Home To ited Liability Company	pections and Renov	ation
The enclosed Articles of Ame	, ndment and fee(s) are sub	mitted for filing.		
Piease return all corresponden	ce concerning this matter	to the following:		
_	Philli	Name of Person	00KS	
_	Phillip (3 Brooks Firm/Company	LLC	
_	109 P	ineaple I) 2	
_	Winter 1	City/State and Zip Code	L 33884	
_	Hillis brook E-mail address: (1	o be used for future annual rep	ort notification)	
For further information concer	ning this matter, please ca	11:		
Pallip By	on S	/	04-9432 Daytime Telephone Number	_
Enclosed is a check for the following	owing amount:			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing For Certificate of Section Certificate Copy (additional copy is	tatus &
Mailing Address: Registration Section Division of Corpo		Street Addr. Registratio		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on $\frac{1-13-14}{1}$ Florida document number <u>L140000</u>8582 . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 109 Pinecipple Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 street address

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			(i) Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Stral () O O O O O O O O O O O O O O O O O O
	Signature of a member or authorized representative of a member
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