L14000025476

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14 FEB 21 AM II: LL,
SECRETARY OF STATE,
TALLAHASSEF, FI DRIDE

T. Buren FEB. 2.4 2014

COVER LETTER

TO: Registration Section
Division of Corporations

Medley Homes Sales 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:

Katherine L. Hammers

Name of Person

Honigman Miller Schwartz & Cohn LLP

Firm/Company

39400 Woodward Ave., Suite 100

Address

Bloomfield Hills, MI 48304-5151

City/State and Zip Code

khammers@honigman.com

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

For further information concerning this matter, please call:

Katherine L. Hammers

*..,*313、465-7216

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)

■ \$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

Please Return in enclosed Fed EX.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medley Homes Sales LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 2/13/2014	and assigned
Florida document number L14000025476	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Medley Home Sales LLC		
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SECTION TO THE SECTION OF THE SECTIO
(Principal office address MUST BE A STREET ADDI	RESS)	
		VIII SEE
		T
Enter new mailing address, if applicable:		F STATE
(Mailing address MAY BE A POST OFFICE BOX)		RID.
Truming undirect Mills Day 1 Col VI 1 Col Doily		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the n
registered agent and/or the new registered office add	ness nere.	
Name of New Registered Agent:		
New Registered Office Address:		
. 10 / 10 gibtor 0 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	Enter Florida street addre	ess
	. F	?lorida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
Thomas and the constitution of a constitution of a	t and compate act in this acception I	Guthar amag to gownly with

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			☐ Remove
			14 FEB SECRET
			SSD Add
			AMEDI: LLL E. FLORIDA
			
			Remove
			Remove
			☐ Add
			□ Remove

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Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	
	than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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