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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

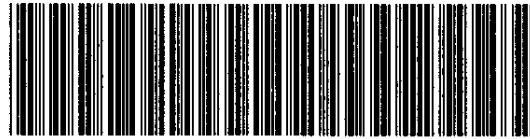
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF NEW YORK
DEPT. OF TAXATION & FINANCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CASH HOME BUYERS OF FLORIDA, 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:

TIFFANY PEONA
Name of Person

CASH HOME BUYERS OF FLORIDA, LLC
Firm/Company

1083 N. COLLIER BLVD, #356
Address

MARCO ISLAND, FL 34145
City/State and Zip Code

tiffany@cashhomebuyersofFlorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Peona at (239) 249-9238
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CASH HOME BUYERS OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7-7-14 and assigned Florida document number L14000106906.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1083 N. COLLIER BLVD, #356
Marco Island, FL 34145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1083 N. COLLIER BLVD, #356
Marco Island, FL 34145

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:

TIFFANY PEDNA

New Registered Office Address:

1083 N. COLLIER BLVD, #356

Enter Florida street address

MARCO ISLAND

City

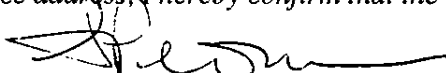
, Florida

Zip Code

34145

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 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 = Manager

AMBR = Authorized Member

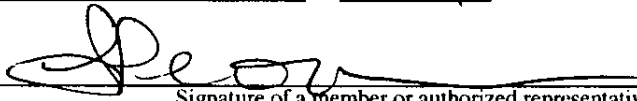
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|----------------------------|--|
| AMBR | JON PEONA | 2109 SAN MARCO RD | <input type="checkbox"/> Add |
| | | MARCO ISLAND FL 34145 | <input checked="" type="checkbox"/> Remove |
| <hr/> | | | |
| AMBR | TIFFANY PEONA | 2109 SAN MARCO RD | <input type="checkbox"/> Add |
| | | MARCO ISLAND FL 34145 | <input checked="" type="checkbox"/> Remove |
| <hr/> | | | |
| AMBR | JON PEONA | 1083 N. COLLIER BLVD, #356 | <input checked="" type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

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

Dated August 1, 2014.



Signature of a member or authorized representative of a member

TIFFANY PEONA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 AUG 11 PM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA