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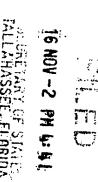
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### **COVER LETTER**

Division of Corpor			
SUBJECT:	Hometo	own Hous	ing LLC
	Name of Limi	ted Liability Company	<del>- 3-</del>
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Ann	a R Pau	ulis
	Home to	Firm/Company	ng LLC
	716	S. Glencoe  Address	Road
	New Sm	yrna Beach City/State and Zip Code	, 7L 32168
	E-mail address: (t	ulis a yahoo o be used for future annual report notifica	ation)
For further information conc	erning this matter, please ca	ill;	
Anna I Name of Pe	Paulis	at (386) 871 Area Code Daytime T	2789 Celephone Number
Enclosed is a check for the f	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 Fiting 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

Hometown	Housing LLC
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 1 5 000 1 2 6 1</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:
·	nited 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 ADDR	DECC)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office adding	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	, Florida
N. B. C. L. A. C. C. L. B. C.	On Exp 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:

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action nick Paulis 716 S. Glencoe Rd. DAdd New-Snyma, th 32168 Remove from Ambr change to MGR Change Ambr Anna R. Paulis 716 S. Glencoe Rd. DAdd New Smyrna, In 32168 Remove □ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change

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Filing Fee: \$25.00