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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
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JAN 21 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Special Place Called Home 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:
Debarah A Smith Name of Person
A Special Place Called Home LLC Firm/Company
603 W. Hogle Ave. Address
Deland, Fl. 32720 City/State and Zip Code
Debbie @ A special Place collect home. comp. E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number 77 D
Enclosed is a check for the following amount:
3 \$25.00 Filing Fee \$\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Called Hom	e LLC	
Liability Company)	<u> </u>	
were filed on A OU C	06, 2015 an	d assigned
Effectiv	e Date 1-1-	-2016
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	were filed on ADD CEFFECTION Effection illity company here: Ity Company," the designation of the designat	were filed on A.O.I. O(0, 2015 an Effective Date 1-1- illity company here: N/A lity Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation of the abbreviation o

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 reing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

..... w 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 Mark S Smith 603 W. Hagle Aue MBR Deland Fl 32720 Remove _□ Change crent Deborah A. Smith 603 W. Hogle Ave. Deland Fl 32720 ☐ Remove ☐ Add **⊆**□ Remove $\ddot{\Box}$ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.			
the record specifies a delayed effective date, but not an effective time, at) The 90th day after the record is filed.	12:01 a.m.	on the	earlier of:
Dated 1-14-2016, 2016.			
Debough a Smuth Register Signature of a member or authorized representative of a member	ed ag	ext	
Deborah A. Smith Typed or printed name of signee		<u>.</u>	

Page 3 of 3

Filing Fee: \$25.00