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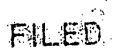
TO:

Registration Section Division of Corporations

CHDIECT.	ORANGE BRICK HOM	MES LLC		
SUBJECT:	Name of Lin	nited Liability Company	ü	
The enclosed Articles	of Amendment and fee(s) are suf	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
		MITCHELL KATZ		
		Name of Person		
	FREUND	KATZ GOLDSTON YO	UNG CO PA	
		Firm/Company		
	2	210 N UNIVERSITY DRI	IVE# 302	
		Address		
		CORAL SPRINGS FL.	33071	
		City/State and Zip Code		 _
		MKATZ@TAX-DOCT		
	E-mail address:	tto be used for future annual	report notification)
For further information	n concerning this matter, please c	all:		
MITCI	IELI, KATZ	954	345-8666	
Nan	ne of Person	at () Area Code	Daytime Telep	hone Number
Enclosed is a check for	or the following amount:			
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registrat Division Clifton F	F/COURIER AI tion Section of Corporations Building ecutive Center Ci	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ORANG	SE BRICK HOMES LLC
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.
The Articles of Organization for this Limited Liability (Florida document number	*EBERT MAYOF STATE
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office add	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KENAN SENGUL	210 N UNIVERSITY DR #302 CORAL SPRINGS FL 33071	~ Add
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			Change
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ffecti	ve date is listed, the	e date must be sp	ocific and ca	mnot be prior t	odate of filing ble statutory	or more than ? filing require	O days offer f	ing.) Permusus to 600 late will not be list
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Filing Fee: \$25.00