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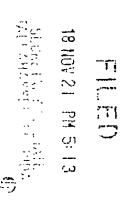
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COVER LETTER

Division of Corporations
SUBJECT: Madison Hames 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:
Jason Beard Name of Person
Madison Homes LLC Firm/Company
753 Chestwood Chase Do
Olgage Park Florida 32065 City/State and Zip Code
E-mail address: (to be used for tuture annual report notification)
For further information concerning this matter, please call:
Tasen Benvel at (904) 553-4742 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee S25,00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60,00 Filing Fee. 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

Florida document number <u>L 18000080459</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	<u>:</u> :
<u> </u>	
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
Enter new mailing address, if applicable:	1,11
(Mailing address MAY BE A POST OFFICE BOX)	
	97 246 — —
	<u> </u>
B. If amending the registered agent and/or registered office address on o	
registered agent and/or the new registered office address here:	

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.

Cinv

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
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		Middleburg Fl. 32068	Remove
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Filing Fee: \$25.00