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COVER LETTER

SUBJECT:	Barbosa 1	Lomes LLC					
Cobolett.	The Barbosa Homes LLC Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. The Barbosa Momes LLC Name of Person Firm/Company IS Palm Harbor Villast Way F Address Palm Coast, FL 32137 City/State and Zip Code Victor Manuel May bosa Crassinal I.Com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Is ctor Barbosa at 386, 569-8748 Area Code Daytime Telephone Number is a check for the following amount: O Filing Fee Sould Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Chilling Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations						
Busine of Corporations SUBJECT: Busine 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: Victor H. Darbos Name of Person Firm/Company IS Palm Harbor Villagt Way F Address Palm Coast, FL 32137 City/State and Zip Code Victor Manuel busy bosacr a gracial Com E-mail address: for be used for future annual report notification For further information concerning this matter, please call: Victor Barbos Name of Person 1386 S69 -8748 Daytime Telephone Number Finclosed is a check for the following amount: Vistor S25.00 Filing Fee Certificat of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	Vic	tor M. Bar	b05a				
		Name of Person					
		Firm/Company	 				
	15 Palm	Harbor Villa	st Way F.				
	Palm Co	Address Palm Coast, FL 32137 City/State and Zip Code U: Ctor Manual Teport notification E-mail address: (to be used for future annual report notification) ming this matter, please call: Sar bos a at 386, 569 - 8748 Out Area Code Daytime Telephone Number Street Address: Certificate of Status Registration Section Division of Corporations The Centre of Tallahassee					
		City/State and Zip Code					
	victorman	uel barbosacre	ingmail com				
	E-mail address: (to be used for future annual report notif	ication)				
For further information co	oncerning this matter, please c	all:					
	···	at (386) 569 -	8748				
Name of	i Person	Area Code Daytime	e Telephone Number				
Enclosed is a check for th	ne following amount:						
▼ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy				
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		-	-				
P.O. Box 632	7	The Centre of T	allahassee				
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barbosa	Homes	LLC	2000,00	24 PH 12: 45
(Name of the Limited Liabilit (A Florida	y Company as it no Limited Liability Co	w appears on a mpany)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L200007736S</u>		d on	3/9/2000	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability com	pany here:		
The new name must be distinguishable and contain the words "Limit	ited Liability Compa	ny," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			·	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address o	n our recore	ds, <u>enter the</u> name	of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida st	reet address	<u></u>
	•	2. 2	, Florida	
	City		, r wiua	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 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
M GR	Joaquim Barbosa	65 Boston Lane	EXdd
		65 Boston Lane Palm Coast, FL 32137	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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an effe <u>lote:</u> l	ve date, if other enve date is listed if the date insert ent's effective da	l, the date mu ted in this b	ist be spe lock de	ecific and o ses not mo	cannot be price	icable statut	ling or more the	(option 90 days after tirements, this	onal) filing.) Pursuant to s date will not be	605.0207 listed as
record Lis file		iyed effectiv	ve date.	, but not a	in effective	time, at 12:	01 a.m. on the	earlier of: (b) The 90th day a	ifter the
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