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COVER LETTER

TO: Registration Division of C				
SUBJECT:	FL HOME GROUP, LLC. Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are submitted for filing.			
Please return all corres	pondence concerning this matter to the following:			
	DEFF INMAN			
	Name of Person			
	FL HOME GROUP, LCC.			
	1420 CELEBRATION BLUD 200			
	CELEBRATION FL 34747 City/State and Zip Code FL HOME GROUP @ GMAIL. COM E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please call:			
JEFF	at (407) SOS - 7600 at (407) Daytime Telephone Number			
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for	the following amount:			
☑ \$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) □ \$60.00 Filing 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL H	OME GROUP, LLC.
(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 2000 3 + 8 + 0 7</u> This amendment is submitted to amend the following:	
•	
A. If amending name, enter the new name of the life HG REALT The new name must be distinguishable and contain the words "I	Limited 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 AD	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ASSEE. S
	ered office address on our records, enter the name of the new registered
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	City City

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
			\ \ \ \ _Add
			Remove
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