L00000005546

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
. (Ві	usiness Entity Name	e)
(Dc	ocument Number)	
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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	HARPER H	OMES LLC		
SOBOLE		Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ım all correspor	dence concerning this matter	to the following:	
		PAUL SEAN HARPER		
			Name of Person	
		HARPER HOMES LLC		
			Firm/Company	
		1420 S FLORIDA AVE		
			Address	
•		LAKELAND FL 33803	•	
			City/State and Zip Code	
·		sean@harperconstructionmg		<u> </u>
		E-mail address: (to	o be used for future annual report notifica	ation)
For further	r information co	ncerning this matter, please ca	ll:	
ELIZABE	TH FRANK		at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclos e d i	s a check for the	following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARPER HOMES LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/15/2000	and assigned
Florida document number L00000005546		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADL	ORESS)	
	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or reg	istered office address on our records, <u>e</u>	nter the name of the
egistered agent and/or the new registered office ad	dress here:	· -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	Ziv 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
AMBR	BRANDON LITTLE	1357 SCOTTSLAND DR	■ Add
		LAKELAND FL 33813	□ Remove
			Change
AMBR JENNIFER LITTLE	JENNIFER LITTLE	1357 SCOTTSLAND DR	
		LAKELAND FL 33813	☐ Remove
			Change
			Add
-			□ Remove
			Change
			□ Remove
			Change
			
			Remove
			Change
			D Add
			□ Remove

	<u> </u>
	.5
ffec	11/20/2015
ote:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.
re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the earlier of the record is filed.
ited	NOVEMBER 20, 2017
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00