

LDL0000119391

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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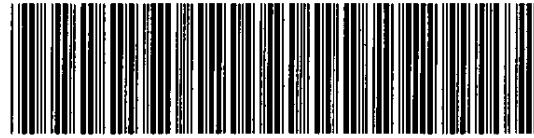
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHARLIE JOHNSON HOMES, 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:

KRISTIN LUDECKE
(Name of Person)

CHARLIE JOHNSON BUILDER, INC.
(Firm/Company)

18650 HWY 441
(Address)

MOUNT DORA, FL 32757
(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTIN LUDECKE at 352 383 6104
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2008

KRISTIN LUDECKE
18650 HWY 441
MOUNT DORA, FL 32757

SUBJECT: CHARLIE JOHNSON HOMES, LLC
Ref. Number: L06000119391

We have received your document for CHARLIE JOHNSON HOMES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 608A00047347

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CHARLIE JOHNSON HOMES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/15/06 and assigned Florida document number L06000119391

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Charlie Johnson Builder, Inc.

New Registered Office Address:

18650 U.S Hwy 441

(Enter Florida street address)

Remove: Corporation
Company of Orlando

Mt. Dora

(City)

Florida

32757

(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>CHARLIE JOHNSON</u>	<u>18250 Hwy 441</u> <u>MT DORA, FL 32757</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>CHERYL LEODORE</u>	<u>18250 Hwy 441</u> <u>MT DORA, FL 32757</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>V</u>	<u>CARL LYDECKE</u>	<u>18250 Hwy 441</u> <u>MT DORA, FL 32757</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>KRISTIN LUDECKE</u>	<u>18650 Hwy 441</u> <u>MT DORA, FL 32757</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>CARL LUDECKE</u>	<u>18650 Hwy 441</u> <u>MT DORA, FL 32757</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>CHERYL LUDECKE</u>	<u>18650 Hwy 441</u> <u>MT DORA, FL 32757</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____



Signature of a member or authorized representative of a member

Kristin Ludecke

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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