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SECNETARY OF STATE

D. BRUCE

DEC 10 2009

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Ad	dam Scott	
SUBJECT:		ited Liability Company	
	of Amendment and fee(s) are sul		
		Adam Scott	
		Name of Person	-
Sierra Homes LLC Firm/Company			
	45	03 NorthSide Dr. #403	
		Address	~~**
		Tampa, Fl 33761 City/State and Zip Code	SECIONALLA
City/State and Zip Code bushpilot03@gmail.com			HAS
	E-mail address: (to be used for future annual report notification	m
For further information	n concerning this matter, please of	eall:	DEC -9 PM 12: 46 CRETARY OF STATE LAHASSEE. FLORID -7788
Name	Adam Scott e of Person	at (813) 319 Area Code & Daytime Tele	
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	S30.00 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)
MAI	ILING ADDRESS:	STREET/COURIER A	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sierra	Homes LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appear nited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Com Florida document numberL09000105753			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	ny," the designation "l	
Enter new principal offices address, if applicable:			AHA PR
(Principal office address MUST BE A STREET ADDRES	<u> </u>		-9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			PHIZ: 46 OF STATE E. FLORIDA
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		ur records, enter 1	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	ter Florida street add	ress
		, Florida	
	City	,	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:

MGRM = Managing Member Type of Action <u>Title</u> **Name Address** James Raysbrook MGR ✓ Add 13194 US Hwy 301 S. #406 Remove Riverview, FL33578 ☐ Add Remove ☐ Add Remove Add Remove $\prod Add$ Remove $\square Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2449, NOV, 12 Signature of a member or authorized representative of a member Figure Scott
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager