L15000 182533

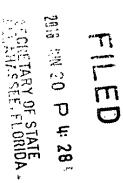
	j (1)
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	i
(Document Number)	ļ
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



200286988172

06/20/16--01025--017 **25.00



S WarrenJUN 2 1 2016

COVER LETTER

Division of Corporations
SUBJECT: Deastwore Homes UC 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:
Glizabeth Blanco, Esq. Glizabeth Blanco Firm/Company
13318 SW 128 St
City/State and Zip Code Fdomingue 985@al. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

Seashore	Homes We	1	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 3ろ	10/27/2	O and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable:		nation "LLC" or the abbr	eviation "L.L.C."
(Principal office address MUST BE A STREET ADDR	ESS)		60.03 areas
Enter new mailing address, if applicable:		ORETAR)	3
(Mailing address MAY BE A POST OFFICE BOX)		, no	D
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our	r records, enter the	E No ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	
	City	, Florida	Zip Code
	City		Lip Coue

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 Title Name **Address** Type of Action Alfonso Villaraos 13318 SW 128 St Xada MGR WAW R 3318 ☐ Change _□ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change 1 ☐ Add • U□ Remove 든 ⇔ □ Change

·				
	,			

	<u> </u>			
	-			
	1			37
	44			
ective date, if other than the date	of filing:		(optional)	
n effective date is listed, the date must be sp te: If the date inserted in this block do	ecific and cannot be prior to date of f	ling or more than 90 day	s after filing.) Pur	suant to 605.02
cument's effective date on the Departn	nent of State's records.	ory ming requirement	is, this date will	not be fisted :
record specifies a delayed effe The 90th day after the record is	ective date, but not an effe s filed.	ctive time, at 12:	01 a.m. on t	he earlier
اما				
	,			
red 6/13/2016				
1ed 6/13/2016)			
ed 6/13/2016	ture of a menther or authorized repre	sentative of a member		
1ed 6/13/2016	aboll Blance		TORE TA	
Led 6/12/2016	thre of a member or authorized repre aboth bland Typed or printed name of			T