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(Red	questor's Name)	
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AMUNDA

NOV 13 2019 I ALBRITTON

COVER LETTER

1 SUBJECT:	Lily Marie	Homes, LLC			
SUBJECT: _		Name of Lin	ited Liability Company		
The enclosed a	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ill correspo	ndence concerning this matter	to the following:		
		Daniel Toback			
			Name of Person		
		Lily Marie Homes, LLC			
	Firm/Company				
		1391 NW St Lucie Blvd.,	Ste 103		
			Address		
		Port St. Lucie, FL 34986			
		julbeth1979@aol.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notific	cation)	
For further info	ormation ce	oncerning this matter, please ca	all:		
Daniel Tobacl	k		772 206-1234		
	Name of	Person	at ()	Telephone Number	
Enclosed is a c	check for th	e following amount:			
□ \$25.00 Fili	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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

TO:

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



October 15, 2019

DANIEL TOBACK 1391 NW ST. LUCIE BLVD STE. 103 PORT ST. LUCIE, FL 34986

SUBJECT: LILY MARIE HOMES, LLC

Ref. Number: L18000029861

We have received your document for LILY MARIE HOMES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The actual signature of the authorized person signing the form is required and we have no record of the signee listed.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 919A00021263

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www.sunbiz.org

** ** ** .5d1(5)2.01 E

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lily Marie Homes, LLC		
(<u>Name of the Limited Liah</u> (A Flor	illity Company as it now appea ida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Florida document number L18000029861	Company were filed on $\frac{0}{2}$.	2/01/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company h	ere:
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 ADI	ORESS)	
		, <u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address of ldress here:	n our records, enter the name of the
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Flo	orida street address
<u> </u>		, 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 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
AR	Wright, Anne	1391 NW St Lucie Blvd, Ste 103, Port St Lucie, FL 34986	Add
			Remove
			Change
AR Toback	Toback, Daniel	1391 NW St Lucie Blvd, Ste 103, Port St Lucie, FL 34986	Add
			Remove
			Change
			Add
			□ Remove
			□ Change
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	st be specific and cannot be prior to d lock does not meet the applicable	(optiona ate of filing or more than 90 days after filir statutory filing requirements, this da	ng.) Pursuant to 605,0207 (3
f the record specifies a delayed b) The 90th day after the rec		n effective time, at 12:01 a.m	i. on the earlier of:
Dated September 27	2019		
		amolhight	·
	Signature of a member or authoriza		
	iA.	Wright ame of signed	

Page 3 of 3

Filing Fee: \$25.00