

LAUT00058561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

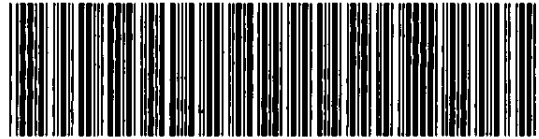
(Document Number)

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OCT 30 2009  
**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# GODBOLD, DOWNING & BILL

A PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW

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lawoffice@gdb-law.com

October 23, 2009

## VIA U.S. MAIL

Amendments Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

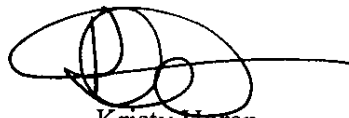
Re: A&M Homes, LLC  
Document Number: L09000058561

Dear Sir or Madam:

In regard to the above referenced entity, please find original executed Articles of Amendment, together with our check in the amount of \$55.00 representing the filing fee of the Amendment and certified copy. Once filed, please return the certified copy in the enclosed self-addressed envelope.

I appreciate your assistance and should you have any questions, please do not hesitate to contact me at the telephone number listed in the above letterhead.

Sincerely,



Kristy Horan,  
Assistant to Grant T. Downing

/klh  
encl.

cc: Ashley Burleson (via email w/out encl.)  
Mike Levak (via email w/out encl.)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A&M 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:

**Grant T. Downing**  
Name of Person  
**Godbold, Downing & Bill, P.A.**  
Firm/Company  
**222 W. Comstock Ave., Suite 101**  
Address  
**Winter Park, FL 32789**  
City/State and Zip Code  
**gdowning@gdb-law.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Grant T. Downing** at ( **407** ) **647-4418**  
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

**FILED**  
**09 OCT 28 AM 8:05**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

A&M 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 June 16, 2009 and assigned Florida document number L09000058561.

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:** 316 W. 11th Street  
*(Principal office address MUST BE A STREET ADDRESS)* Chuluota, FL 32766

**Enter new mailing address, if applicable:** 316 W. 11th Street  
*(Mailing address MAY BE A POST OFFICE BOX)* Chuluota, FL 32766

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, 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 do hereby 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

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TALLAHASSEE, FLORIDA

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:

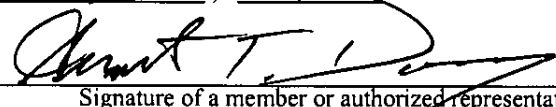
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mike Levak	2000 W. S.R. 434 Oviedo, FL 32765	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 23, 2009



Signature of a member or authorized representative of a member

GRANT T. DOWNING  
Typed or printed name of signee

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 TALLAHASSEE FLORIDA