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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: consulting@larsonacc.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIG **FBM HOMES LLC**

Certificate of Status 0 Certified Copy 06 Page Count \$25.00 Estimated Charge

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## **COVER LETTER**

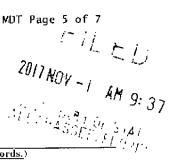
	ocrations				
	ES LLC				
	Name of Limit	ted Liability Company			
d Articles of A	Amendment and fee(s) are subm	nitted for filing.			
all correspon	ndence concerning this matter t	to the following:			
	CAROLINE LARSON				
		Name of Person			
LARSON ACCOUNTING AND CONSULTING SERVICES LLC					
		Firm/Company			
7901 KINGSPOINTE PKWY STE 17					
		Address			
	ORLANDO, FL 32819				
	consulting@larsonacc.com	City/State and Zip Code			
		to be used for future annual report notifi	cation)		
information co	oncerning this matter, please ca	all:			
ELARSON		407 3703686 at ()	<u></u>		
Name of	f Person	Area Code Daytime	Telephone Number		
a check for th	ne following amount:				
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)		
	d Articles of An all correspondinformation co	Name of Limited Articles of Amendment and fee(s) are substantial correspondence concerning this matter to CAROLINE LARSON  LARSON ACCOUNTING  7901 KINGSPOINTE PKV  ORLANDO, Fil. 32819  consulting@larsonacc.com  E-mail address: () information concerning this matter, please continuous person  ELARSON  Name of Person  a check for the following amount: Filing Fee  \$30.00 Filing Fee &	Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:  CAROLINE LARSON  Name of Person  LARSON ACCOUNTING AND CONSULTING SERVICES  Firm/Company  7901 KINGSPOINTE PKWY STE 17  Address  ORLANDO, FL 32819  City/State and Zip Code  consulting@larsonacc.com  E-mail address: (to be used for future annual report notification concerning this matter, please call:  ELARSON  Name of Person  a check for the following amount:  Filing Fee  \$555.00 Filing Fee & Certificate of Status  Certificate Copy		

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

From Larson Accounting 1.321.888.4919 Wed Nov 1 09:15:56 2017 MDT Page 5 of 7

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FBM 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 and assigned		
Florida document number L17000179872			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	illty company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.IC."		
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
	.de		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the ne		
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 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

From Larson Accounting 1.321.888.4919 Wed Nov 1 09:15:56 2017 MDT Page 6 of 7 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>	Name	Address	Type of Action
MGR	ANAI BATONI MENDONCA	8955 LOOKOUT POINTE DR	Add
		WINDERMERE, FL 34786	
			☐ Change
MGR	TOMAS H. B. MENDONCA	8955 LOOKOUT POINTE DR	<b>■</b> Add
		WINDERMERE, FL 34786	☐ Remove
			Change
			20 Remove /
			Change
			Add
			Remove
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<u>.</u>			Add
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ffective date, if other than the da	te of filing:		(opti	onal)
Tective date, if other than the data an effective date is listed, the date must be total. If the date inserted in this block becament's effective date on the Department.	e specific and cannot be a does not meet the a	oplicable statutory iiii	nore than 90 days after ng requirements, this	filing.) Pursuant to 605.0. s date will not be listed
e record specifies a delayed e The 90th day after the record	ffective date, bu d is filed.	t not an effective	time, at 12:01 a	a.m. on the earlier
ared	2017	_ •		
шен		authorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00