# 116000155550

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## **COVER LETTER**

TO:	Registration Se Division of Cor		,	
CHD IE		F SOUTHERN CHARM, LLC	;	
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Maria Camila Murata		
			Name of Person	
			Firm/Company	
		8430 Nadmar Ave		
			Address	
		Boca Raton, FL 33434		
			City/State and Zip Code	
		camilamurata3@gmail.com E-mail address: (	to be used for future annual report notifi	ication)
For furth	her information co	oncerning this matter, please co	all:	
Maria C	Camila Murata		954 812-1412	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
<b>■ \$2</b> 5.	.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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMES OF SOUTHERN CHARM, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL16000155550	were filed on08/18/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		ORFC ORFC
Enter new mailing address, if applicable:		S TA
(Mailing address MAY BE A POST OFFICE BOX)	-	39 116045
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		enter the name of the new
Maine of New Registered Agent.		<u></u>
New Registered Office Address:	Enter Florida street address	
	, Florie	da Zip Code
Non-Degistered Agent's Signature if changing Degistered Agents	son,	isp conc

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
MGR	Jared Dalto	8430 Nadmar Ave	<b>■</b> Add
		Boca Raton, FL 33434	□ Remove
			□ Change
			🗆 Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
		<del></del>	Add
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			Change

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		## DIVIS
		18 HAY
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	5/10/2018	N
Effective date, if other than f an effective date is listed, the date	must be specific and cannot be prior to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.020
	is block does not meet the applicable statutory filing require the Department of State's records.	ements, this date will not be listed as
ne record specifies a dela The 90th day after the	yed effective date, but not an effective time, a record is filed.	t 12:01 a.m. on the earlier o
Dated May, 5th	2018	

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Typed or printed name of signee

Filing Fee: \$25.00