## L01000002894

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SECRETARY OF STATE
TALL AHASSEE, FIRE

J. BRYAN

SEP 21 2009

**EXAMINER** 

## **COVER LETTER**

P.O. Box 6327

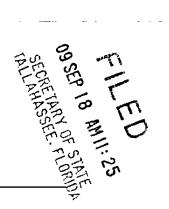
Tallahassee, FL 32314

TO:	Registration Se Division of Cor				
SUBJE	CT:	MASTERCE	RAFT HOMES, LLC		
	<u> </u>		ted Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Mich	ael E. Workman, Esquire		
			Name of Person	i.	
		Clark, Campb	Clark, Campbell, Mawhinney & Lancaster, P.A.		
•			Firm/Company		SEC ALL
-		500 Sou	500 South Florida Avenue, Suite 800		9 SEP 18 AM 11: 25 SECRETARY OF STATE SECRETARY OF STATE
			Address		SSE &
		La	Lakeland, Florida 33801		E P P P
			City/State and Zip Code		RA 2
			-		ēm o
		E-mail address: (	to be used for future annual report notifical	tion)	
For furt	her information o	concerning this matter, please of	call:		
	Micha	ael E. Workman	at ( 863 ) 64	47-5337	
Name of Person		of Person	Area Code & Daytime T	elephone Number	<del></del>
Enclose	ed is a check for t	he following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status			S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	Regist	JING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporati		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## MASTERCRAFT 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	February 23, 2001	and assigned	
Florida document number L0100002894	<del></del> '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company	<u>v here</u> :		
The new name must be distinguishable and end with the wo	ords "Limited Liability C	ompany," the designation "LLC	or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ad		on our records, enter the	name of the new	
Name of New Registered Agent:				
New Registered Office Address:		r m m m m m m m		
	Enter Florida street address			
	City	, Florida	Zip Code	
	City	•	in come	

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 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

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>	Address	Type of Action
MGR	CRF Management Co., Inc.	500 South Florida Avenue Suite 700 Lakeland, Florida 33801	_ Add ☑ Remove
MGRM_	Century Residential, LLC	500 South Florida Avenue Suite 700 Lakeland, Florida 33801	✓ Add ☐ Remove
<u> </u>			Add Remove
•			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
		FALLAHASSEE. FLORIN	•
Dated	,	<del></del>	. 01
_	477	authorized representative of a member  printed name of signee	andro-uniterated?

Page 2 of 2

Filing Fee: \$25.00