## L03000009270

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SECRETARY OF STATE
FALLAHASSEF

D. BRUCE

SEP 25 2009

**EXAMINER** 

## **COVER LETTER**

Division of Con					
SUBJECT:	tropolitan	Homes LCC ited Liability Company			
	(Vaine of Lini	ned Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Bonnie	B. Caldwell Name of Person	<u>'</u>		
	Metropol	itan Honces, a	16		
	8004 NU	) 154th St. 7	4218		
	Miami L	akos FL 33 City/State and Zip Code	016	09 SEF	
	bonnieh E-mail address: (	to be used for future annual report notifica	Com tion)	24 AI	
For further information	concerning this matter, please o	call:		AM II: OF STA	
Bannie F	3. Caldwell	21 at ( 365) 772 8  Area Code & Daytime T	250	43 ATE RIDA	
Name	n reison	Area code de Dayanie I	elephone (vamoe)		
Enclosed 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 &	

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

Metropolitan	Homes 140	_
(Name of the Limited Liabili	ty Company as it now appears or Limited Liability Company)	our records.)
(A Florida	company)	/ 1
The Articles of Organization for this Limited Liability	Company were filed on	$\frac{4/2003}{}$ and assigned
Florida document number <u>LO3()</u> 600096	270	1 -
•		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
		·
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
•	-	
	•	AH, SE
Enter new mailing address, if applicable:		IAAA 1888
(Mailing address MAY BE A POST OFFICE BOX)		E C
		PS E M
B. If amending the registered agent and/or regi		records, enter the name of the new
registered agent and/or the new registered office ad	aress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	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 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> Type of Action <u>Name</u> John W. Caldwell Remove Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated zed representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee