L0300033161

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COVER LETTER

TO:

Registration Section
Division of Corporations

HRIECT.

ROBERT BROWN 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:

ROBERT K. BROWN

Name of Person

ROBERT BROWN HOMES LLC

Firm/Company

1438 HARRINGTON PARK DR.

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

robertbrownhomes@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT K. BROWN

..904..716-176

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)

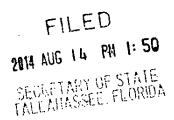
■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROBERT BROWN 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	y were filed on September 3, 2003	and assigned
Florida document number L03000033161		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
NORTH FLORIDA COASTAL HOMES LLC		
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	·	•
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	– ree to act in this capacity. I further a e performance of my duties, and I am	familiar with and

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Barbara G. Moore	1438 Harrington Park Dr., Jacksonville, FL 32225	5 ■ Add
			Remove
			□ Add
			Remove
			□ Add
			_□ Remove
			_ _□ Add
			_□ Remove
			_□ Add
		-, , , , , , , , , , , , , , , , , , ,	_□ Remove
			_ _□ Add
			_□ Remove
			_

). If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
_	
_	
-	
	ve date, if other than the date of filing:
Dated	August 8 2014
Daicu _	August 8, 2014. Mott K. Brown
	Signature of a member or authorized representative of a member
	ROBERT K. BROWN
	Typed or printed name of signee

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Filing Fee: \$25.00

2014 AUG 14 PN 1:50
SECRETARY OF STATE