## L04000046349

	(Req	uestor's Na	me)		
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09 JUL 24 PH 1: 23
SECRETARY OF STATE
FALLAHASSEE, FLORID

J. BRYAN

JUL 27 2009

**EXAMINER** 

## **COVER LETTER**

Division of Cor	porations			
SUBJECT: EMIL		Custom Homes ted Liability Company	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Emil h	Name of Person		
	Emil LaVi	ola Custom Ho	mes LL	<u>.</u>
	2719 5 20	月型 ST. Address		FATE CRATT
	FORT Pie	ice, fl. 34 City/State and Zip Code	4951	LED 24 PH 1: 23 ETARY OF STATE HASSEE, FLORID
	elaviola (	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	tion)	1:23 FLORID
For further information co	oncerning this matter, please of	ail:		after .
Emil Lav	r Person	at ( 772) 284- 2 Area Code & Daytime T	598 Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS:

TO:

Registration Section

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

1.

11

Emil Laviol		
(Name of the Limited L (A F	iability Company as it now appears on our records. Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 06/21/2009	∠ and assigned ∠
Florida document number QB3662		. 0
L04000046	344	空气
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company have	强星而
A. If amending name, enter the new name of t	me named habinty company nere;	福星 [
The new name must be distinguishable and end with	the words "Limited Liability Company," the designation	in "I I C" or the abbremiation
"L.L.C."	the words Emined Elabinty Company, the designated	The abolition
Enter new principal offices address, if applical	hle:	Š.
(Principal office address MUST BE A STREET	<del> </del>	· · · · · · · · · · · · · · · · · · ·
Trincipal Office address WOST DE A STREET	ADDRESS	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
Wunting nauress MAT BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or	r registered office address on our records, ent	er the name of the new
registered agent and/or the new registered offi		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	EMIL LaViola	
New Registered Office Address:	2719 SOUTS 29 th Sta	EET
	Enter Florida street	address
	Emil LaViola  2719 South 29th Sta  Enter Florida street  Font Pience , Florida  City	34981
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>ngRm</u>	Emil Laviola	2719 South 29th STREET FT. Relaw FI. 34951	Add Remove
			Add Remove
			Add Remove
	ng any other information, enter change		
		Emil Lallist Costom He	omes LLC
		2719 5 29 5+	<del></del>
	/ ( \	FT. Pierces Fl. 3495	<u>57</u>
Dated To	Signature of a member of Emil La	<u></u>	SUL 24 PH I:
		Page 2 of 2	.,

Filing Fee: \$25.00