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EXAMINER

COVER LETTER

TO: Registration So Division of Con			
SURJECT: MACDI	LL HOMES, LLC		
**************************************		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Louis A. Victor		
		(Name of Person)	
	MACDILL HOMES, LLC		
		(Firm/Company)	
	5011 W. Poe Ave.		
		(Address)	OEC PEC
	Tampa, FL 33629		FIL OCC 22 ETARY (MASSEE
		(City/State and Zip Code)	FILED EC 22 PH TARY OF ST ASSEE, FLO
For further information of	concerning this matter, please c	all:	
And the State of t			52 54
Louis A. Victor		at (_813) 831 4588	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACDILL HOMES, LLC (Name of the Limited Liability Comparing (A Florida Limited L	ny as it now appears on our iability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on OCTOBER 1	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 end with the words "Limi "L.L.C."	ted Liability Company," the o	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	5011 W. Poe Ave	08	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33629	WE TO THE TOTAL PROPERTY OF THE TOTAL PROPER	
Enter new mailing address, if applicable:	5011 W. Poe Ave	ILED 22 PM 2 SEE, FLOR	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33629	5	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :		
	(Enter Florida street address)		
	(City)	, Florida(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>	<u>Name</u>	Address	Type of Action
MGRM	MANUEL SANCHEZ	3616 W. HORATIO STREET TAMPA, FL 33609	Add Remove
MGRM	LOUIS A. VICTOR	5011 W POE AVE TAMPA, FL 33629	Add Remove
MGR	LOUIS VICTOR	5011 W POE AVE TAMPA, FL 33629	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necess	ary.)
			08 00
			C 22 PL
Dated DECE	- Laure 1	2.008	2.52
		mber or authorized representative of a member MGMR MACDILL HOMES LLC	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00