105000051935

(Requestor's Name)					
(Address)					
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,					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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JUN - 6 2019 I ALBRITTON

COVER LETTER

Division of Corporations		
SUBJECT: Same of	CUST-2m Limited Liability Company	lones, LLC
Number of	Similed Glacinity Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	ter to the following:	
O.cho	Name of Person	
Sand:f	Firm/Company	Hemes, UC
4)88 Ho	des Blud F	5-10
Jack	City/State and Zip Code	-L 32224
Saman Ha E-mail address	s: (to be used for future annua	ustom homes com
For further information concerning this matter, pleas	e call:	
Sarvantha Rube Name of Person	at (TOV) Area Code	CIG-3843 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 en	Certificate of Status &
MAILING ADDRESS	CTDEE	T/COUDIED ADDDESS.

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2019

SAMANTHA ROBERTS SANDIFER CUSTOM HOMES, LLC 4788 HODGES BLVD - STE. 102 JACKSONVILLE, FL 32224

SUBJECT: SANDIFER CUSTOM HOMES, LLC

Ref. Number: L05000051935

We have received your document for SANDIFER CUSTOM HOMES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The document must also contain the address of the registered agent which must be at a Florida street address.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton

Regulatory Specialist II

Letter Number: 019A00010764

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandifer Cust	ion Hames II.C.
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Cimited Liability Company)
The Articles of Organization for this Limited Liability Go Florida document number 05 000 6 193	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ess) <u> </u>
Enter new mailing address, if applicable:	in it.
(Mailing address MAY BE A POST OFFICE BOX)	
intering dual ess mili DE II I ODI OTT I CE DON	99
B. If amending the registered agent and/or registered agent and/or the new registered office addresses agent and/or the new registered office addresses agent. Name of New Registered Agent:	ered office address on our records, enter the name of the no ess here:
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
-	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and coaccept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR =	d from our records: Manager		
AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Add
			☐ Remove
			Change
<u>.</u>			□ Add
			□ Remove
			Change
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			Remove
			Change

ii amend	mg any other information, enter tha	inge(3) here. (A	nach adamonai she	eis, ij necessary.)	
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(If an effecti Note: If t	date, if other than the date of filing: ve date is listed, the date must be specific and cathe date inserted in this block does not mean's effective date on the Department of Sta	annot be prior to dat et the applicable s	te of filing or more than statutory filing require	(optional) 90 days after filing.) Pu ements, this date wil	rsuant to 605.0207 (3 I not be listed as th
the recor) The 90	d specifies a delayed effective da Oth day after the record is filed.	te, but not an	effective time, a	t 12:01 a.m. on	the earlier of:
Dated	May 23/1.	209.			
				<u> </u>	
	Signature of a me	mber of authorized	representative of a mer	nber	
	<u>Nicholas</u>	yped or printed nar	ne of signer		
		yped of printed had	ine or arguer		
		n 2	c 3		

Page 3 of 3

Filing Fee: \$25.00