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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Doe	cument Number)			
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE DIVISION OF CORPORALION

T. HAMPTON MAR - \$ 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DEVITO HOMES, LIC (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:
(Name of Person)
CAROLLArson Business and Personal Services (Firm/Company)
8818 Cornody circle wite 40
ORLAND FL 32819 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 370-3120 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ S55.00 Filing Fee \$ S60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) 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

Devila Have

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	!
The Articles of Organization for this Limited Li	ability Company were filed on <u>08-16-2006</u> and assigned <u>0964</u> .	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	• · · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company," the designation "LLC" or the abbrevia	 atior
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, enter the name of the fice address here:	new
Name of New Registered Agent:	NIA	_
New Registered Office Address:	(Enter Florida street address)	_
	(Enter Florida street address)	

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Florida

(Zip Code)

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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
HGIR	DAVID DEVID	14546 dd thicket trace winter graden Fr 34787	Add Remove
HGR	Riscila Saliko Iwa Kawa	Winter GANDEN FL 34787	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	O VI
	014		SECRETARY OF STATIVISION OF CORPORATION OF CORPORATION OF CORPORATION OF THE PROPERTY OF THE P
 Dated	02-26-08		_ 8
-	Signature of a member or	authorized representative of a member	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00