## L06000083433

(Discussion Name)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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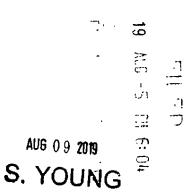


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## COVER LETTER"

TO:	Registration Se Division of Cor			**	
		NGLIN HOME BUILDERS LI	A.		
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en-	closed Articles of	Amendment and fee(s) are sub	mitted for filling.		
Please	return all correspo	ndence concerning this matter	to the following:		
		STE	VE ANGLIN		
			Name of Person	<del></del>	
			Lirm Company		
	Address URESTVIEW, FL 32536				
		City/State and Zip Code			
			MEBUII DERS a CONNET to be used for future annual report notif	(cont.us)	
For fur	ther information co	oncerning this matter, please ca		icanoni	
	STEVE AN				
	Name o	f Person	at ( <u>850</u> ) <u>240-0890</u> Area Code Daytime	2 Telephone Number	
Englosi	ed is a check for th	ne following amount:			
<b>C</b> T 52:	5 00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
		ING ADDRESS:	STREET/COURT Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGLIN HOME BUILDER:	STEC	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document numberL06000083433	ompany were filed onJANUARY 7, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "I imi	ited I iability Company," the designation "I I.C" or the al	obreviation IIAL.C.
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDR	ESS)	ري
		in .
		21
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the nev
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Liner Florida sirect address	
	Elosido	
***************************************	, 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DONALD STROHEKER II	6349 KHLCREASE RD BAKER, FL 32531	Add
			☐ Remove
	LOGAN R ANGLIN	5951 ANGLIN LANE	Change
_MGR_		CRESTVIEW, FL 32539	₫ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			D Add
		<del></del>	☐ Remove

<u></u>	
<u> </u>	
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be pric  Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records	(optional) or to date of lifting or more than 90 days after filling.) Pursuant to 605,0207 (3) cable statutory filling requirements, this date will not be listed as the s.
f the record specifies a delayed effective date, but nob). The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
Dated July 31	·
Alu Mus	
Signaturg 4 member or aud	forized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00