

L06000111941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200132929722

07/16/08--01023--011 **25.00

FILED
08 JUL 16 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

90. Colligan JUL 17 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BILTRITE HOMES, L.L.C.

(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:

MICHAEL D. JONES

(Name of Person)

BILTRITE HOMES, L.L.C.

(Firm/Company)

10550 BAYMEADOWS RD., UNIT #119

(Address)

JACKSONVILLE, FLORIDA 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL D. JONES

(Name of Person)

at (904) 509-3042

(Area Code & 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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
OF**

FILED
08 JUL 16 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BILTRITE HOMES, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 17, 2006 and assigned
Florida document number L06000111941.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10550 BAYMEADOWS RD., UNIT #119

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FLORIDA 32256

Enter new mailing address, if applicable:

10550 BAYMEADOWS RD., UNIT #119

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FLORIDA 32256

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

10550 BAYMEADOWS RD., UNIT #119

(Enter Florida street address)

JACKSONVILLE

(City)

, Florida 32256

(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

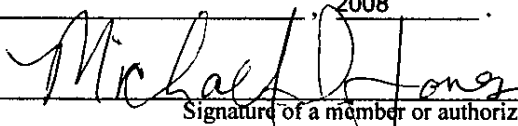
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL D. JONES	4218 HIGHWOOD DR. JACKSONVILLE, FL. 32216	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MICHAEL D. JONES	10550 BAYMEADOWS RD. UNIT #119 JACKSONVILLE, FL. 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
08 JUL 16 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated JULY 14

2008


Signature of a member or authorized representative of a member

MICHAEL D. JONES

Typed or printed name of signee