# 10600114221

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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to Fi	iling Officer:			
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Office Use Only

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& DEC -1 AM ID: 56
SECRETARY OF STATE
ALL AHASSEE. FLORIDA

M. THOMAS

DEC - 2 2008

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corpor		•		
SUBJECT: 5±	Oughton Lu (Name of Limited	d Liability Company)		
The enclosed Articles of Am	nendment and fee(s) are submi	itted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	John	(Name of Person)  Sh ton Luxua (Firm/Company)	y Homes	·
	. 1 ~	e Deleon Di		
		Oast FL City/State and Zip Code)	32164	BOEC - 1 MID: 56
For further information con-	cerning this matter, please call	1:		D: 56
John L (Name of )	-Ynch Person)	at ( 386 586 0 (Area Code & Daytime To	9/0 elephone Number)	Ď.,
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	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

Stoughton Lux	cury Homes				
(A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed onand assigned				
Florida document number <u>Loboot 114221</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	4 Ponce Deleon Dr				
(Principal office address MUST BE A STREET ADDRESS)	Dalm Coast FL 32164 题 冒				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
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:	John P Lynch				
New Registered Office Address: 4	(Enter Florida street address)				
Palm	Coast Florida 32164 (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. Thereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Degistered 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	william & SToughton	207 S 27th st Flugler Beach FL 38136	Add Remove
marm	Salam SToughton Janet	207 S27 th St Flugger Beach FL	Add Remove
		32/36	Add Remove
			Add G. Remove C. T. L.
			Remove STATE
D. If amen	John P Lynch	e(s) here: (Attach additional sheets, if necessary.)  15 75 t  ered Agen +	Remove
Dated		or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00