Division of Corporations Electronic Filing Cover Sheet

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(((H09000258517 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH) Account Name

Account Number : 076117000420 : (561)650-0728 Fax Number : (561)655-5677

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KOLTER HOMES LLC

Certificate of Status Certified Copy 0 04 Page Count Estimated Charge \$30.00

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Help

EXAMINER

H090002585173

COVER LETTER

| _ | on Section f Corporations | | | | |
|--|---|--|---|--|--|
| SUBJECT: | Kolter | Homes LLC | | | |
| | Name of Limit | ed Liability Company | - | | |
| 1 | | | { | | |
| The enclosed Article | es of Amendment and fee(s) are sub- | mitted for filing. | 1 | | |
| Please return all cor | respondence concerning this matter | to the following: | , | | |
| | | | | | |
| | Hu: | gh William Perry, Esq. | * | | |
| | | Name of Parson | j. | | |
| | | | | | |
| | | Firm/Company | γ. | | |
| 777 South Flagler Drive, Suite 500 East | | | | | |
| Address | | | | | |
| | West | Palm Beach, FL 33401 | • | | |
| City/State and Zip Code | | | | | |
| | mcrame | er-scharlatt@gunster.com | | | |
| | | be used for future annual report notification | n) | | |
| For further informat | ion concerning this matter, please ca | dl: | • | | |
| Mary E. C | ramer-Scharlatt, C.P., FRP | at (_561)650 | -0728 | | |
| Ne | une of Person | Area Code & Daytime Tel | ephone Number | | |
| | | | | | |
| Enclosed is a check | for the following amount: | | | | |
| S25.00 Filing Pe | c S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 560.00 Filing Fee, Certificate of Status & Certified Copy | | |
| | | | (additional copy is enclosed) | | |
| MAILING ADDRESS: Registration Section Division of Corporations | | STREET/COURIER A Registration Section | ADDRESS: | | |
| | | Division of Corporation | \$ | | |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H090002585173

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Kolter Ho | mes LLC | | | |
|--|---|---|--|--|---------------|
| (Name of the Limited I | Jabitity Compi Torida Limited | any as it now appo Liability Company | ars on our records.) | | |
| The Articles of Organization for this Limited Lia Florida document number L070000305 | • • • | y were filed on | March 22, 2007 | and assigned | |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, enter the new name of t | he limited list | bility company h | erė: | - | |
| | KH Holde | ∞ LLC | _ | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Lim | ited Liability Com | pany," the designation "LI | C" or the abbrevia | tion |
| Enter new principal offices address, if applicat | ole: | Not applicat | ble. | | 흦 |
| (Principal office address MUST BE A STREET | | | | 09 | SE |
| | | | | 330 | 10 KET |
| | | | | 5 | |
| Enter new mailing address, if applicable: | | Not applicable. | | | -30 -30 |
| (Mailing address MAY BE A POST OFFICE B | <u>2x</u> 2 | | | Z | - 99 <u>~</u> |
| | | | | ca) | _ ??_ _ |
| | | | | <u>ක</u> සා | <u> </u> |
| B. If amending the registered agent and/or | | | our records, enter th | e name of the r | ica v |
| registered agent and/or the new registered offic | se address ner | 2 : | | • | |
| Name of New Registered Agent: Not applical | | blo | | 7 | |
| Name of New Registered Agent: | Tot applica | 010. | | | - |
| New Registered Office Address: | | | | | _ |
| | Enter Florida street address | | | | |
| | , Florids | | | _ | |
| • | | City | | Zip Code | |
| <u>New Registered Agent's Signature, if changing Re</u> | ristered Agent: | | | | |
| I hereby occept the appointment as registered the provisions of all statutes relative to the proceept the obligations of my position as registe being filed to merely reflect a change in the rescompany has been notified in writing of this ch | per and comp red agent as p gistered office | lete performance provided for in C | e of my duties, and I am Chapter 608, F.S. Or, if | n familiar with ar this document is | nd |
| | if Cha | nging Registered Ag | ent, Signature of New Regis | tered Agent | |

Page 1 of 2

H090002585173

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 = 1 | onager Managing Member | | |
|----------------------|---|---|--|
| <u>Title</u> | Name | Address | Type of Action |
| N/A_ | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | · | | Adrl Remove |
| D. If amend | ling any other information, enter chang | ge(8) bere: (Attach additional sheets, if necessary.) | SECKETARY OF STATE SIVISION OF CORPORATION O9 DEC 15 AM 8: 01 |
| Dated | December /5 ⁴⁵ , 20 | 009 | SNS IONS |
| | - Mula U | al | |
| | | r or authorized representative of a member | |
| | Typed | nel Clarke, Manager For printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00