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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO:	Registration Sec Dixision of Corp		₹.	
cud i	BEAUTIE	FUL CUSTOM HOMES, LLC	S.	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		CHARLENE MARIE FOX	К	
			Name of Person	
		BEAUTIFUL CUSTOM F	HOMES, LLC.	
			Firm/Company	
		449 LAKE VAN ROAD #	19	
			Address	
		AUBURNDALE, FLORIE	DA 33823	
			City/State and Zip Code	······
		FOXCHARLEE@YAHOO.COM		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	ncerning this matter, please co	all:	
Charle	ne "Charlee" Fox		904 535-9848	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for the	e following amount:		
■ \$2:	5.00 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:

TO:

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

pany as it now appears on our d Liability Company)	records.)
ny were filed on <u>04/02/2907</u>	7 and assigned
ability company here:	
bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
	
449 LAKE VAN ROAI	D#19
AUBURNDALE, FLOR	RIDA 33823
office address on our r ere:	ecords, <u>enter the name of the n</u>

Enter Florida street address	
City	, Florida Zip Code
	ability company here: ability Company," the designation 449 LAKE VAN ROAL AUBURNDALE, FLO

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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, I hereby confirm that the limited liability \Box

company has been notified in writing of this change.

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FRED EVATT, JR.	95095 BARNWELL RD, FERNAN	Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
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			☐ Change
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			□ Remove
			SECRETA VISION OF Changion OF SECHETAL SECHETAL
			RY OF STATE CORPORATION CORPOR
			31ATE ATE ATE

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	F YOU CANNOT READ THE NEW AMBR ADDRESS: IT IS 95095 BARNWELL ROAD,	_
- -	FERNANDINA BEACH, FL 32034	
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Filing Fee: \$25.00