## 10000098747

/	
(Requestor's Name)	
(Address)	
(Address)	
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PICK-UP WAIT MA	AIL
. (Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE

ALLAHASSEE F. STATE

D. BRUCE

MAR 3 1 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: Camino	Home Builders LLC		
	(Name of Lim	ited Liability Company)	
	Amendment and fee(s) are sub ondence concerning this matter	<del>-</del>	
	Mariene Marrero		
		(Name of Person)	<del></del>
	Camino Home Builders t	LC	whoman j
		(Firm/Company)	WEEC WEEC
	71 Valdiva Street		MAR AHAR
		(Address)	30 SEE
	Punta Gorda, Florida. 33	983	PH 3
		(City/State and Zip Code)	09 MAR 30 PH 3: 04 SECRETARY OF STATE ALLAHASSEE, FLORIDA
For further information of	concerning this matter, please c	all:	A
Marlene Marrero		at ( 941 ) 624 2550	
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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)
	.ING ADDRESS: ration Section	STREET/COURIER Registration Section	ADDRESS:

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Camino Home Builders LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on o	our records.)
(Tronds 2mi	mod Balomy Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on Septemb	er 27, 2007 and assigned
Florida document number L07000098747		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	2500
		-CA
		HAAR T
Enter new mailing address, if applicable:		SSE 30
(Mailing address MAY BE A POST OFFICE BOX)		FO P IT
inding dualess MATI DE ATTOST OTTICE BOX		0° W
	***************************************	RATE OL
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter F	lorida street address)
	, Florida	
	(City)	(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 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>		Address	Type of Action
MGRM	Yansnel A Morejon		322 Rio de Janeiro Ave. Punta Gorda, Florioda, 33983	Add Remove
		· · · · · · · · · · · · · · · · · · ·		Add Remove
				Add Remove
·	<del> </del>			Add Remove
<del></del>				Add Remove
		· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amen	ding any other informati	ion, enter change(s	) here: (Attach additional sheets, if nece	
<del></del>				09 MAR 30 SECRETARY C
Dated	March 25	, 2009	·	PH 3: 04  OF STATE LORIDA
		ature of a member or	authorized representative of a member	
	Sign	Marlene M	·	
			printed name of signee	· <del></del>

Page 2 of 2

Filing Fee: \$25.00