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EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Alunez Homes LC (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:
Dawn Ward (Name of Person)
D. Brian Kulnner, P.H. (Firm/Company)
4921 Southfork Dr. Suite 4 75 3
Lakeland F1 338/3
For further information concerning this matter, please call:
Name of Person) at (8/03) 04/0-5738  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

1 I

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) billity Company)
The Articles of Organization for this Limited Liability Company was Florida document number <u>L07000116249</u> .	ere filed on MOV. 19, 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability R. Muncz Homes, LL	<u></u>
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	FE STATE STA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)

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.

(City)

Florida

(Zip Code)

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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Nunez, Jr.	444 W. Pipkin Rd. Ste A Laxelana, Fl 33813	Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove AUG AAAA Remove Remove Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	Add Remove
			<del></del>
Dated	Joseph	or authorized representative of a member	
	Typed	Robert F. Alune Z. or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00