8000) 23852

| 4, | |
|---|--|
| (Requestor's Name) | |
| (Address) | |
| (Address) | 20015738691 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | ing and the second of the seco |
| Certified Copies Certificates of Status | 06/22/0901030005 * |
| Special Instructions to Filing Officer: | المنابية المنابعين ا |
| | SECRETARY TALLAHASSE |
| Office Use Only | PH I2: 5. |



. 9.90.065 ± **1951.00**

M. THOMAS

JUN 2 3 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Ornel omes Line 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: |
| Madeline Cornell Name of Person |
| Cornell Homes UC |
| Firm/Company H4 FORST IVA Address |
| Address Oviedo Fl. 32765 Oty/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (407, 417-954) Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$60.00 Filing Fee, 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

| Cornell H | omes LLC | | |
|---|---|----------------------------------|--|
| (Name of the Limited Liability (A Florida L | Company as it now appears on our recommitted Liability Company) | rds.) | |
| The Articles of Organization for this Limited Liability Conference of Organization for the Organization for | ompany were filed on $\frac{3/66/6}{6}$ | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | | |
| The new name must be distinguishable and end with the wor "L.L.C." | ds "Limited Liability Company," the design | nation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | <u></u> | |
| (Principal office address MUST BE A STREET ADDR | NESS) | FE E | |
| | | m s | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 93. 8 | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | enter the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Flo | orida | |
| | 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 Changing Registered 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 = Mana MGRM = Ma | nger naging Member | | | |
|-------------------------|-----------------------|----------------------|---|----------------|
| Title | <u>Name</u> | | Address | Type of Action |
| MGRM | Modelin | è Cornell | 447 Forest Trail aredo, FL 32765 | Add Remove |
| | <u></u> | | | Add Remove |
| | | | | Add Remove |
| | | | | Add Remove |
| | | | | ☐Add T. Remove |
| | | | S. S | Addo Remove |
| D. If amendi | ng any other infor | mation, enter change | (s) here: (Attach additional sheets, if necessary.) | 52 ORIDA |
| | | | | _ |
| | | 18th ar | | _ |
| Dated | June | Les f | or authorized representative of a member | Inn) |
| - | | Kenne Hh | or printed name of signee) Modeline (| Pornell |

Page 2 of 2

Filing Fee: \$25.00