L08000110367

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations									
	Homes & Land Development of	fFl								
SUBJECT:										
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.								
Please return all corresp	ondence concerning this matter	to the following:								
	James M Spivey									
		Name of Person								
	Signature Homes & Land	Development of FI								
		Firm/Company								
	522 Magnolia Ave									
		Address								
	Auburndale, Fl 33823									
		City/State and Zip Code	<u> </u>							
	bospivey1@hotmail.com									
	E-mail address: (to be used for future annual report noti:	fication)							
For further information	concerning this matter, please c	all:								
James M Spivey		at ()								
Name	of Person	Area Code Daytim	c Telephone Number							
Enclosed is a check for	the 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)							
Mailing Addre		Street Address:	ation							
Registration Division of (Registration Section Division of Corporations								
P.O. Box 63:	-	The Centre of Tallahassee								

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAY 11 PM 3: 48

Signature Homes & Land Development of Fl

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Afficies of Organization for this Limited Liability	Company were filed on 04/09/2021	and assigned
Florida document number # L08000110367		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
8		
	Enter Florida street address	_
		ida
	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Register	, Flor	ridaZip Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	City red Agent: It and agree to act in this capacity. I furt I complete performance of my duties, and agent as provided for in Chapter 605, F bred office address, I hereby confirm that	her agree to comply with the I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

TARE TARE

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James Clyde Spivey	522 Magnolia Ave , Auburndale , Fl 33823	
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			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
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Filing Fee: \$25.00

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