

LD910000547915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

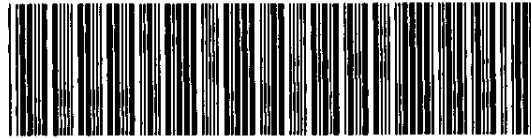
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JAN 16 2013
L. SELLERS

Office Use Only



600243433496

01/14/13--01024--002 **55.00

FILED
13 JAN 11 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA CITY HOMES, LLC

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:

JOHN P. MAAS

Name of Person

JOHN P. MAAS, ATTORNEY

Firm/Company

44 NE 16 ST.

Address

HOMESTEAD, FL 33030

City/State and Zip Code

marcus.r.araujo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John P. Maas

Name of Person

at **(305) 247-7132**

Area Code & Daytime 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)

original

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

Florida City Homes, LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 5, 2009 and assigned
Florida document number L09000054795.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2533 SW 19th AVE., APT. 502

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33133

Enter new mailing address, if applicable:

P.O. Box 452823

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33245

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sussel Araujo

New Registered Office Address:

2533 SW 19th AVE., APT. 502

Enter Florida street address

Miami


, Florida 33133

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Deivis Machado	16280 SW 286 Street	<input type="checkbox"/> Add
		Homestead, Fl. 33030	<input checked="" type="checkbox"/> Remove
MGRM	Marcus Araujo	P.O. Box 452823	<input checked="" type="checkbox"/> Add
		Miami, Fl. 33245	<input type="checkbox"/> Remove
MGRM	Sussel Araujo	P.O. Box 452823	<input checked="" type="checkbox"/> Add
		Miami, Fl. 33245	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 11

Add

13 JAN 11

Remove

PH 2:46

13 JAN 11

Add

13 JAN 11

Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated January 9th, 2013.

Susael M. Araujo

Signature of a member or authorized representative of a member

Susael M. Araujo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00