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FALLAHASSEE, FLORIDA

J. BRYAN

SEP 1 4 2009

EXAMINER

COVER LETTER

TO: R	egistration Sect ivision of Corpo	ion orations			
SUBJECT	·•	LAKE NONA HA	RMONY HOMES, LI	LC	
SUBJECT	•	Name of Limited Liability Company			
The enclos	sed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspond	dence concerning this matter	to the following:		
		LINDA BALASH			-
	Name of Person				
		LAKE NO	NA HARMONY HOMES	, LLC	_
	Firm/Company				
	3325 Schoolhouse Road, Harmony, FL 34773		90 141		
			Address		SEP I
	City/State and Zip Code			I A	
	linda_balash@yahoo.com E-mail address: (to be used for future annual report notification)				AMII: I
For further	r information cor	is-mail address: (acerning this matter, please of		notification)	TATE ORIDA
LINDA BALASH		at (321)	624-1568		
	Name of I	Person	Arca Code & Day	ytime Telephone Numb	er
Enclosed i	s 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 enclo	osed) Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations ig e Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE NONA HARM	IONY HOMES, LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)
(
The Articles of Organization for this Limited Liability Company	were filed onJULY 16, 2009 and assigned
Florida document number L09000068417	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	nility company here:
The state of the manner of the minted has	mer company nore.
	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ALT
	ARE SEP
	× × × × × × × × × × × × × × × × × × ×
	SEX -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	TS = D
	RATE OR IDE
	
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	
Name of Nav. Devistand Acoust	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	F9
	, Florida

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

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:

7

MGR = Manager MGRM = Managing Member **Title Name** Address **Type of Action MGRM** PATRICE DENIKE 3308 PRIMROSE WILLOW ___Add HARMONY, FL 34773 Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

LINDA BALASH

Filing Fee: \$25.00