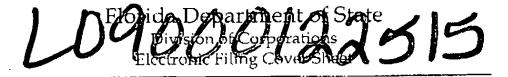
Page 1 of 4



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11180002103673)))



H180002103673ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : API PROCESSING :

Account Number : I20110000069 : (984)867-0013

Phone

: (984)867-3401 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MUIR-YEONAS HOMES, LLC** 

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

O SIMMONS JUL 2 3 2018 7/20/2018

ݡ

Ô

H18000210367 3 Pge 2of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Muir-Yeonas	Homes, LLC		
(Name of the Limited Limited Limited L	ny as it now appearaliability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	December 28, 2009	and assigned
This amendment is submitted to amend the following:			
A. If smending name, enter the new name of the limited liabi	<u>Lity company h</u>	<u>ere</u> :	
ICC, Muir Homes, LLC			
The new name must be distinguishable and contain the words "Limited Lightli	ity Company," the o	designation "LLC" or the abbr	evistion "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		三	\$
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			20 M 8 19
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address of	n our records, <u>enter t</u> l	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	hnier Flo	rida street address	
	City	, Florida	Zıp 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 605, 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 Recistered Agent

H18000210367 3

Page 3 of 4
If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our removed. or removed from our regards:

MGR = M $AMBR = A$	fanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			A □ □ Remove
			Change
			T AME
			SSEE OF TRUIT
			Change
			∪ ∧dd
			☐ Remove
			Change
			Add
			C Remove
			☐ Change
			Remove
			□ Chauce

H18000210367 3 Page 4 of 4

									-
								· •••	-
								-	
	•			_	•		<del>-</del>	<del>-</del> .	_
									-
								<u> </u>	_
	<u> </u>		<u> </u>	,				•	
		~~ <del>~</del>	•			·			-
			,						
i.								<u> </u>	ò
				<del></del>	·	<u></u>			- س
		,		<del></del> -				<u> </u>	7
								69.30	20
						······		0.53	
	<del></del>	<del></del>			<del></del>		<u></u>	1 Til	- 3
				·				6	<u>,                                    </u>
-								e e	<u>, , , , , , , , , , , , , , , , , , , </u>
		<del></del> .							-
						<del></del>			<u>.</u>
									-
		·	·		·	·· ··			
ctive da	te, if ather	than the da	te of filing:	<del></del>			(option	al) ing.) Pursuant to é0	.e 636
c: If the	dato inserte:	d in this block	does not me	et the applica	o date of filmig ble statutory	or more man 9: filing require	nants, this d	ate will not be lis	icd a
ument's c	ffective dat	e nn thể Depa	rtinent of S18	te's records.					
record s	pecifies a	delayed e the record	ffective da: tus filed	te, but not	an effecti	ve time, at	12:D1 a.r	n. on the earl	ler o
116 3011	auy airei	CHE LEGIST							
ed \	2.19	-2018	6			٠			•
co (/	1				- ·				
	/ ,	/	//1	7 -	_				
١.				סהועוו זס שלום	ricco represent	slive of a mem	ncı		
¥	1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	SIDAGLE OF A CON-						

Page 3 of 3 Filling Fee: \$25.00

H18000210367 3