## L10000006269

| (Requestor's Name)                      |  |  |  |  |  |
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| (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: |  |  |  |  |  |
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2010 OCT 20 AM 10: 56
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 21 2010

## **COVER LETTER**

| TO: Registration Secți Division of Corpo                 |  |  |   |              |             |    |
|--|--|--|---|--------------|-------------|----|
| SUBJECT:   | E & M Ente                                 | rprise Homes, LLC  |   |              |             |    |
| Name of Limited Liability Company                        |  |  |   |              |             |    |
| The enclosed Articles of An Please return all correspond | .,   | -  |   |              |             |    |
|  |  | Melissa Barlaug  |   |              |             |    |
| Name of Person   |  |  |   |              |             |    |
| Pamela T. Karlson, P. A.                                 |  |  |   |              |             |    |
| Firm/Company   |  |  |   |              |             |    |
| 30   |  | 301 Dal Hall Blvd  |   | χί. <u>Ε</u> | 201         |    |
| <del></del>  |  | Address  |   |              |             | 4  |
|  |  | Lake Placid, FL 33852 City/State and Zip Code                          |   | Z ;          | 70 I OCT 20 |    |
|  |  |  |   | -            |             |    |
| F-mail address:  |  | info@karlsonlaw.com (to be used for future annual report notification) |   | 337          | <b>X</b>    |    |
| For further information con-                             |  | •  |   | i i          | AM 50: 56   |    |
|  |  |  |   |              |             |    |
| Melissa Barlaug  Name of Person                          |  | at ( <u>863</u> ) 465-5<br>Area Code & Daytime 1                       | 033 ext. 211 Telephone Number   | _            |             |    |
|  |  |  |   |              |             |    |
| Enclosed is a check for the                              | following amount:                          |  |   |              |             |    |
| <b>▼</b> \$25.00 Filing Fee [                            | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)       | \$60.00 Filing Fer<br>Certificate of S<br>Certified Copy<br>(additional cop | tatus &      |             | d) |
|  | C ADDRESS:                                 | STREET/COURIE  | D A DDDECC.   |              |             |    |



MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| E & M ENTERPRIS  | E HOMES,                               | LLC                    |                              |  |
|--|--|------------------------|------------------------------|--|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia   | y as it now appear<br>ability Company) | rs on our records      | ט                            |  |
| The Articles of Organization for this Limited Liability Company w  | vere filed on                          | 01/19/2010             | and assigned                 |  |
| Florida document numberL1000006269   |  |                        |                              |  |
| This amendment is submitted to amend the following:  |  |                        |                              |  |
| A. If amending name, enter the new name of the limited liabili   | ity company her                        | <u>.</u> e:            |                              |  |
| The new name must be distinguishable and end with the words "Limite" L.L.C."   | d Liability Compa                      | ny," the designati     | on "LLC" or the abbreviation |  |
| Enter new principal offices address, if applicable:  | 5129                                   | N.W.                   | 49 4 AUE.<br>RELEK FL        |  |
| (Principal office address MUST BE A STREET ADDRESS)  | 90 CD                                  | Nut CA                 | REEK FL                      |  |
|  | <u> </u>                               | 330                    | 73                           |  |
| Enter new mailing address, if applicable:  |  | •                      |                              |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                        | 2010<br>SEC                  |  |
|  |  |                        |                              |  |
| B. If amending the registered agent and/or registered offic<br>registered agent and/or the new registered office address here: | ce address on o                        | ur records, <u>ent</u> | ter the new                  |  |
|  |  |                        | AH DO:                       |  |
| Name of New Registered Agent:  |  |                        | <del>- 25</del> <del></del>  |  |
| New Registered Office Address:   |  |                        |                              |  |
|  | Enter Florida street address           |                        |                              |  |
| · · · · · · · · · · · · · · · · · · ·  | City                                   | , Florida              | 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action Title Address Name Michael J. Longo MGR 5129 NW 49th Ave Remove Coconut Creek, FL 33073 MGRM Michael J. Longo ☐ Add 5129 NW 49th Ave Remove Coconut Creek, FL 33073. MGRM Eugene Longo 1524 Washington Blvd NW Lake Placid, FL 33852 ☐ Add Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9010 Dated Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager