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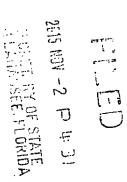
(Re	equestor's Name)	
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## COVER LETTER

TC	Division of Corp		^	,	•
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SU	ARH Model	IS, LLC			
		Name of Lim	ited Liability Company		
Th	e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Ple	ease return all correspon	ndence concerning this matter	to the following:		
		Joanne Burton			•
			Name of Person		•
		ARH Models, LLC			
			Firm/Company		-
		13922 58th Street North			
			Address		-
		Clearwater, FL 33760			
			City/State and Zip Code		•
		jburton@arhomes.com			
		E-mail address: (	to be used for future annual re	port notification)	
For	r further information co	oncerning this matter, please ca	all:		
Joa	anne Burton		727 536-	5900	
•	Name of	Person	Area Code	Daytime Telephone Number	
En	closed is a check for th	e following amount:			
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	ite of Status &

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

ARH Models, LLC		
( <u>Name of the Limited I</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
<b>(-1</b> )	- · · · · · · · · · · · · · · · · · · ·	
he Articles of Organization for this Limited Liabi	lity Company were filed on 5/24/2010	and assigned
lorida document number L10000029099		
	<del></del> ·	
his amendment is submitted to amend the followi	ng:	
. If amending name, enter the new name of th	e limited liability company here:	
he new name must be distinguishable and contain the word	with the little Community and the sales will Community	atheretican "I.I.C."
ie new name must be distinguishable and contain the word	s Limited Liability Company, the designation ELC o	i the abbieviation L.L.C.
nter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
. If amending the registered agent and/or		enter the name of the ne
egistered agent and/or the new registered office	e address here:	
Name of New Registered Agent:		
Now Posistand Office Address		
New Registered Office Address:	Enter Florida street address	
-	, Flori	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 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
MGRM	Arthur Rutenberg Homes, Inc.	13922 58th Street North		<b>=</b> Add
		Clearwater, FL 33760		□ Remove
				Change
				□ Remove
				Change
				🗆 Add
				Remove
			<del></del>	Change
		·		<b>_</b>
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				🗆 Add
				□ Remove
			723 99	Change
			1812 S	D,Add
				Remove
				Change

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ective date, if other than effective date is listed, the date	i <b>the date of fili</b> e must be specific ai	ng: nd cannot be prior	to date of filing	or more than 9	(option of the control of the co	o <b>nal)</b> filing.) Purs	uant to 605.
te: If the date inserted in the				iling require	ments, this	date will 1	not be liste
cument's effective date on t							
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Filing Fee: \$25.00