L10000030272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
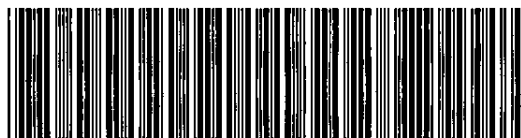
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

MERRITT HOMES LLC

SUBJECT: _____
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:

CLAUDIA PENA
_____
Name of Person

MERRITT HOMES LLC
_____
Firm/Company

10151 UNIVERSITY BLVD STE. 176
_____
Address

ORLANDO, FL 32817
_____
City/State and Zip Code

CLAUDIAHOMESUSA@GMAIL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA PENA   **954   696-1886**
_____ at (_____) _____
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed)   Certified Copy
                                                                              (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                        Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

MERRITT 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 ___03/18/2010___ and assigned

Florida document number ___L10000030272___.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

<u>Name of New Registered Agent:</u>	CLAUDIA PENA
<u>New Registered Office Address:</u>	10151 UNIVERSITY BLVD STE. 176
	Enter Florida street address
	ORLANDO , Florida 32817
	City *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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, <u>Signature of New Registered Agent</u>

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Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	CLAUDIA G PENA	5036 DR. PHILLIPS BLVD	☐ Add
		ORLANDO, FL 32819	☒ Remove
MGR	CLAUDIA PENA	10151 UNIVERSITY BLVD STE. 176	☒ Add
		ORLANDO, FL 32817	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____ MARCH 7 _____ , _____ 2014 _____ .

_____
Signature of a member or authorized representative of a member

CLAUDIA PENA

_____
Typed or printed name of signee

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Filing Fee: $25.00