

L10000073015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

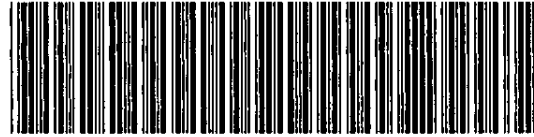
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900296976889

03/27/17--01006--013 **25.00

FILED
17 APR 17 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
APR 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2017

AARON SCHMIDT
1009 SYMPHONY ISLES BLVD
APOLLO BEACH, FL 33572

SUBJECT: SCHMIDT LUXURY HOMES LLC
Ref. Number: L10000073015

We have received your document for SCHMIDT LUXURY HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 917A00006065

FILED
17 APR 17 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schmidt luxury Homes, L.L.C.
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:

Aaron Schmidt
Name of Person
Schmidt luxury Homes, L.L.C.
Firm/Company
1009 Symphony Isles Blvd.
Address
Apello Beach, FL 33572
City/State and Zip Code
aaron@schmidtluxuryhomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Schmidt at (813) 810-8897
Name of Person Area Code Daytime Telephone Number

Enclosed is 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 enclosed)
☐ \$60.00 Filing Fee & Certificate of Status & Certified Copy
(additional copy is enclosed)

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

FILED
17 APR 17 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Schmidt Luxury Homes, L.L.C.

(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 7/09/2010 and assigned
Florida document number L10000073015

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain 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**)

1009 Symphony Isles Blvd.
Apollo Beach, FL 33572

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1009 Symphony Isles Blvd.
Apollo Beach, FL 33572

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

Name of New Registered Agent:

Aaron A. Schmidt, President

New Registered Office Address:

1009 Symphony Isles Blvd.

Enter Florida street address

Apollo Beach

Florida

City

33572

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



President

Aaron A. Schmidt

If attending 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

Title	Name	Address	Type of Action
Sole-Owner President	Rhea M. Schmidt	1009 Symphony Isles Blvd.	<input type="checkbox"/> Add
		Apollo Beach, FL 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Sole-Owner President	Aaron A. Schmidt	405 Inlet Rd.	<input checked="" type="checkbox"/> Add
		Ruskin, FL 33570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
APR 17 AM 9:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

12/31/2014

(optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
APR 11 AM 9 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 31st 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee