# L10000073134

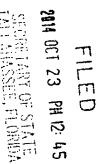
(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500265400755

10/23/14--01012--024 \*\*685.00



# **COVER LETTER**

TO: Registration Sec Division of Corp	ction corations		m V
<i>t</i> ,			
SUBJECT: 7 &		LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Place return all corrector	ndence concerning this matter t	o the following:	
Trease return an correspon	idence concerning this matter t	o me ronowing.	
	(10.10	Tlaure	
	Weyler	Flores Name of Person	<del></del>
	·	Nume of Leison	
		Firm/Company	
	1217 6 1	crh < T	
	1217 51	Srh ST Address	<del>_</del>
	,		
	Omaha N	E 68108 City/State and Zip Code  wes a gmail constraint	
		City/State and Zip Code	
	Woyler +	wes a gmall obe used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca		
To further information ed	~		
Wouler	Hones	at ( <u>402</u> ) <u>913 - §</u> Area Code Daytime	3057
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fec	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fec,
□ \$25.00 Filing Fee	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 OCT 23 PH 12: 46

F&H Homes	LLC	SECKETARY OF STATE TALLAHASSEE, FLORIDA
F&H Homes (Name of the Limited L) (AF	iability Company as it lorida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L10000073134</u>		iled on 07/12/10 and assigned
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the Ueyler and Blanca The new name must be distinguishable and end with the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	2wange s "Limited Liability Co	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or a registered agent and/or the new registered office	registered office a address here:	ddress on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		Enter Florida street address
		, Florida
	Cli	r ZiD Colle

### 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

**AMBR** = **Authorized Member** <u>Address</u> Type of Action Title Name MGR Wayler Flores 1217 5 15M ST Omaly NE BAdd □ Remove □ Add ☐ Remove \_\_\_\_ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

· · · · · · · · · · · · · · · · · · ·		•		
- <u></u>				
			,	·
		<del></del>	· · · · · · · · · · · · · · · · · · ·	
				<u> </u>
			e and cannot be me	(optional) ore than 90 days after
			e and cannot be mo	(optional) ore than 90 days after
te this document is filed by the	Florida Department of S	State)	e and cannot be mo	(optional) ore than 90 days after
ive date, if other than the ective date must be specific, can be this document is filed by the october		State)	e and cannot be mo	(optional) ore than 90 days after
te this document is filed by the	Florida Department of S	State)	e and cannot be mo	(optional) ore than 90 days after

Page 3 of 3

Filing Fee: \$25.00

