

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



10/18/17--01009--029 **25.00





COVER LETTER

TO:	Registration of	on Section Corporations				
cup ic/		OUGLAS HOMES LL	С			
SUBJEC	-l: <u></u>		Name of Lim	ited Liability Company		
The encl	losed Article	es of Amendment and f	èe(s) are sub	mitted for filing.		
Please re	eturn all com	respondence concernin	g this matter	to the following:		
		DOUGLAS C	CAHILL			
				Name of Person		
		AC DOUGLA	AS HOMES I	LLC		
		_	 -	Firm/Company		
		13506 PREST	TWICK DRIV	VE		
				Address		
		RIVERVIEW	, FL 33579			
				City/State and Zip Code		
		jaxxnewlife@y			a notification)	
				to be used for future annual repo	n notification)	
		ion concerning this ma	iter, piease ca			
Doug C:			<u> </u>	941 915-14 at ()		
	N:	ame of Person		Area Code I	aytime Telephone Number	
Enclosed	d is a check	for the following amou	ınt:			
\$ 25.	00 Filing Fe	ee 530.00 Filin Certificate		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	□ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
	Re Di P.	PAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Registration Division of C Clifton Build	orporations ing ve Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AC DOUGLAS HOMES LLC		
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L		07/26/2010 and assigned
lorida document number L10000077970	·	
his amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
he 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 applic	eable:	7 SE 17
Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>
		77 1 8 77 1 8 77 1 8
		SEE FE D
Enter new mailing address, if applicable:		,
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	RED > 20
B. If amending the registered agent and egistered agent and/or the new registered o		on our records, enter the name of the
Name of New Registered Agent:	Jackie Cahill	
New Registered Office Address:	13506 Prestwick Drive	
	Enter F	lorida street address
	Riverview	, Florida 33579
	City	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>	Address	Type of Action
MGR	Jackie Cahill	13506 Prestwick Drive Riverview,	
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			D Add
			Remove
			Change
			□ Add
			Remove
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			□ Add
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Signature of a member or authorized representative of a member	ated	<u>// OCT</u> , <u>2017</u> .	
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		Signature of a member of authorized representative of a member	
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Page 3 of 3

Filing Fee: \$25.00