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EXAMINER

COVER LETTER

	stration Section ion of Corporations
SUBJEÇT: _	Name of Limited Liability Company
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Name of Person
	Firm/Company Recompany
	Address
	Ft. MYERS, FL 33919
	City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further info	E-mail address: (to be used for future annual report notification) primation concerning this matter, please call:
Del	Name of Person at 239, 209-0690 Area Code & Daytime Telephone Number 58 8
Enclosed is a cl	heck for the following amount:
\$25.00 Filin	rig Fee \$\bigcup \\$30.00 \text{ Filing Fee & }\bigcup \\$55.00 \text{ Filing Fee & }\bigcup \\$60.00 \text{ Filing Fee, }\bigcup \bigcup

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

. Nu-z- u H	iomes. LL			
(Name of the Limited Liability (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability C		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," th	ne designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		50 <u>-</u>		
(Principal office address MUST BE A STREET ADDI	RESS)	2 A		
		COPY 1		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	 			
		100 P		
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	/***	, Florida		
	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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>m.b-r</u> m	Spencer Raffel	N. F+ MYERS, FL 33903	Add Remove
			Add Remove
			Add Remove
		,	Add Remove
			□Add □Remove
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
<u></u>		Constitution of the consti	_ _
Dated	35/12 ,20/5	authorized representative of a member	PM 5: 20
_	Debhy I	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00