## 2100001/0608

(Requestor's Name)						
(Address)						
, ,						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
<del>_</del>						
(Business Entity Name)						
(Document Number)						
Cadification of Obstice						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A. LUNT						
M. EQIAI						
DEC 20 2011						
EXAMINER						
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Office Use Only



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## **COVER LETTER**

TO:	Registration S Division of Co	ection rporations					
SUBJE	CT:	Southern P	Southern Premier Homes, LLC				
			ited Liability Company				
		Amendment and fee(s) are su	_				
	r		. vo and news wing.				
		Christopher Cheney Name of Person					
			Name of Person				
Southern Premier Realty							
Firm/Company							
1716 Cape Coral Parkway Suite 1							
			Address	-	154 154	22	
		(	Cape Coral, FL 33914			ZBIII DEC	way
	City/State and Zip Code				A ST		
		Ch	nris@trustthebest.com to be used for future annual report no	stification)	SSE	6.1	
For furth	ner information o	concerning this matter, please	- -	Ameunon)	013. 13.30 13.30	<b>19</b>	
	Chris	topher Cheney	at ( 239 )	333-4402	RIDA	ŧ.	
	Name o	of Person	Area Code & Dayt	ime Telephone Number	; f		
Enclosed	d is a check for t	he following amount:					
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	te of Status		l)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	oorations Center Circle				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Prem	ier Homes, LL	C		
. (Name of the Limited Liability Comp (A Florida Limited	Liability Company)	rs on our records.)		
he Articles of Organization for this Limited Liability Compan	y were filed on	10/22/2010	_ and assigned	
lorida document numberL10000110608				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :		
he new name must be distinguishable and end with the words "Lim L.L.C."	nited Liability Compa	ny," the designation "LL(		
nter new principal offices address, if applicable:		LEA SECTION	28 M DE	
Principal office address MUST BE A STREET ADDRESS)	,	ASA SSR	19	
	<del></del>		2 1	
nter new mailing address, if applicable:		S.T.A.		
Mailing address MAY BE A POST OFFICE BOX)		<b>इ</b> त	£**	
	<u> </u>	······		
If amending the registered agent and/or registered o	ffice address on o	our records, enter the	name of the n	
gistered agent and/or the new registered office address he	<u>re</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name Address Type of Action MBR** Daniel Raymond Dallacosta 1716 Cape Coral Parkway W ✓ Add Cape Coral, FL 33914 Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Christopher Cheney 90% Owner Daniel Dallacosta 10% Owner December 13, 2011 Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00