P.01

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000102451 3)))



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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARRISON, KIRKLAND, PRATT, CHULOCK & MCGUIRE, P.A.

Account Number : 120010000002 : (941)746-1167 Phone Fax Number : (941)746-9229

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Penn 1	Address	٠

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPERIOR HOMES OF SW FLORIDA, LLC

Certificate of Status	
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

4/18/2011

APR 1 9 2011 N. Cuffigan

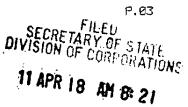
## **COVER LETTER**

TO:	Registration Section Division of Corpora			
SUBJI	<sub>ect</sub> . Si	JPERIOR HOME	S OF SW FLORIDA, L	LC
			ted Liability Company	
The en	closed Articles of Ame	ndment and fee(s) are sub	unitted for filing.	
Please	return all corresponder	ace concerning this matter	to the following:	
		_ TH	OMAS W. HARRISON	
	<del></del>		Name of Person	
		HARRISON, KIF	RKLAND, PRATT & McGU	IRE, P.A.
Firm/Company				
			P.O. BOX 400	
	_		Address	
		BR	RADENTON, FL 34206	
	_		City/State and Zip Code	
		· · · · · · · · · · · · · · · · · · ·	wh@manalaw.com	
		E-mail address: (I	o be used for future annual report notif	ication)
For fur	ther information conce	rning this matter, please c	all:	
	THOMAS V	/. HARRISON	at ( 941 ) Area Code & Daytim	746-1167
	Name of Per	con	Area Code & Daytim	e Telephone Numb <del>er</del>
Enclos	ed is a check for the fo	llowing amount:		
<b>[√]\$2</b> 5	6.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



SUPERIOR HO	MES OF SW FLO	RIDA, LLC	1	
(Name of the Limited Liabil (A Florid	ity Company as it now app a Limited Liability Compan	ears on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on _	MARCH 11, 2011	_ and assigned	
Florida document numberL11000030303	<del></del> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company l	nere:		
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Con	npany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)		<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg- registered agent and/or the new registered office ad		our records, enter the	name of the new	
Name of New Registered Agent:				
New Registered Office Address:		27		
	Enter Florida street address			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Register	•			

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

Page 1 of 2

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

Title	Name	Address	Type of Ac	tion
MGR_	ROBERT K. ORR	5037 HIGHTOWER RD NORTH PORT, FL 34288	Add Remove	
			Add Remove	
		and any la	Add Remove	
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	11 APR 18	SECRETAR SIVISION OF C
			AH & 21	CORPORATION
Dated	APRIL 18 , 2011 Signature of a member or THOMAS W. HARRISON A	authorized representative of a member authorized Representative of Member		OH
	Typed or	printed name of signee.		

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Filing Fee: \$25.00 H11000102451 3