11000045647

(Requestor's Name)				
(Address)	_			
(Address)	_			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)	_			
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:]			
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DIVISION OF SELF-GANTICHS

J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Le Grand Name of Lim	Homes LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	kate	Le Grand Name of Person	
		Firm/Company	
		16 SE 34th Place Address	
		Ocala, Fl. 34480 City/State and Zip Code Lelegrand Egmail. to be used for future annual report notif	
For further information co	oncerning this matter, please ca		
Kak. Le Name of	Person	at (352) 361-9 Area Code Daytime	744/ e Telephone Number
Enclosed is a check for th			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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

Nome of the Limited Lighting C	M Homes, LLC Company as it now appears on our records.)
(A Florida Lin	mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L110000 45647</u>	npany were filed on <u>5-/-2011</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>ss</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enier r ioriaa street aauress
<u></u>	, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cynthia Fitzpatrick	4516 SE 34+Pl. Ocala, FL 34180	🖪 Add
			□ Remove
			□ Remove
			DWISION OF TARK
			_ Addt
			_□ Remove 🐰
			_□ Add
			Remove
			□ Add
			_□ Remove

, ii anichei	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective	date, if other than the date of filing: date, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after so document is filed by the Florida Department of State)
Dated	June 12, 2014.
	Hate FE Seand
	Signature of a member or authorized representative of a member
	KATE LEGRANN
	Typed or printed name of signee

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Filing Fee: \$25.00

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