11100049640

	(Requestor's Name)
	(Address)
. <u> </u>	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only

G. MCLEOD

AUG - 2 2011

EXAMINER



800207652618

05/16/11--01005--018 **35.00

<u>1</u>5

IT AUG -I PH 3: 13

COVER LETTER

TO: Amendment Section

Division of C	Corporations		
NAME OF COR	PORATION:	TGE HOMES LLC	
DOCUMENT N	UMBER:	00049640	
The enclosed Arti	cles of Amendment and fee are	e submitted for filing.	
Please return all c	orrespondence concerning this	matter to the following:	
	MAHMOOD,	ALNAJAR.	
	Na	me of Contact Person	
	PRESTIGE 11	omes LLC	
		Firm/ Company	
	8297 CUAMP	IONS GATE BLVD	# 522
		Address	
	CHAMPIONS G	ATE, FL 33896	-8387
	Cit	y/ State and Zip Code	
	M. a/najara) tr E-mail address: (to be used	1 e/0/eStr/9e9/0U/	o.net
For further inform	ation concerning this matter, p	lease call:	
MAHMO	OD AL-NAJAR	at ()	
Name	e of Contact Person	at () Area Code & Daytime Tel	ephone Number
Enclosed is a chec	ck for the following amount ma	ade payable to the Florida Depar	tment of State:
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	<u>ddress</u>	Street Address	
Amendme		Amendment Section	
	f Corporations	Division of Corporations	
P.O. Box 6		Clifton Building	1
Tallahasse	e, FL 32314	2661 Executive Center Circl	ie

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

PRESTIGE BOMES ILL		
(Name of the Limited Lability Comp	any as it now appears on our records.) Liability Company)	
(A Florida Langues	Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on APRIL 27 2011	and assigned
Florida document number <u>L11000049640</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ility company horse	
S TOTAL STATE OF THE STATE OF T	may company merc.	
The new name must be distinguishable and end with the words "Lim	had V labelly	
"L.L.C."	med Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	8297 CHAMPIONS GATE BLVD.	there }
· - -		
(Principal office address MUST BE A STREET ADDRESS)	#522	
	CHAMPIONS GATE, FL 33896-	<u>8387 දූ ි</u> දි
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	္အေႏြးမှာ
		⊒ ,
B. If amending the registered agent and/or registered of		ame of the new
registered agent and/or the new registered office address her	<u>e</u> ;	
Name of New Registered Agent:		
New Registered Office Address:	8297 CHAMPIONS GATE BLVD	. #522
New Registers Office Address.	Enter Florida street address	_
CHAMPTONS	CATT Planta 11	896-8387
CHAMPIONS	, OHEN, 1 (V) MO	ip Code
Now Begintered Agent's Signature, if changing Registered Agents	· ·	-

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.

Page 1 of 2

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:

	<u>Name</u>	Address	Type of Act
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			_∐Add Remove
		•	
***			Add Remove
f am end	ing any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
If am end	ing any other information, enter char		
If amend	ing any other information, enter char		

Page 2 of 2

Filing Fee: \$25.00