

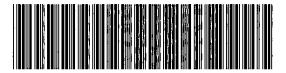
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEF FIRBIN

COVER LETTER

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TO:

Registration Section,

Division of Co	rporations					
SUBJECT:	ARCADI	A HOMES, LLC				
SUBJECT:		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
		Oscar J. Locklin				
	Name of Person					
	L	ocklin and Saba, P.A.				
		Firm/Company				
		6460 Justice Avenue				
		Address				
		Milton, Florida 32570				
		City/State and Zip Code				
	E-mail address:	co grand realty net	otification)			
For further information	concerning this matter, please					
0	scar J. Locklin	at (850)	623-2500			
	of Person		rtime Telephone Number			
Enclosed is a check for	the following amount:					
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis Divis P.O.	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g : Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARCADIA H	OMES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000078556	were filed on	7/8/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Compa	ny," the designation "	LLC" or the abbreviatio
Enter new principal offices address, if applicable:	4843 W	est Spencer	Est Fld
(Principal office address MUST BE A STREET ADDRESS)	Pace, FL	est Spencer 32571	ARE OC THE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4843 U Pace, FL	Vest Spence 32571	3 PHOS: 03
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Eni	ter Florida street add	dress
	2	, Florida	
	City	, rioi ida	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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
	5	4843 West Spencerfield Rd	
MGRM	Blake E. Lewis	<u>4661-LA QUINTA GT-</u> Pace, FL 32571	Add Remove
		Face, FL-323/-1	Kemove
			Add ☐ Remove
			Kemove
			Add
			Remove
			Add
			Remove
			
			Add
			Remove
			_
			Add
 			Remove
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D. If amend	ling any other information,	$\textbf{enter change(s) here:} \ \ \textit{(Attach additional sheets, if necessary.)}$	
		·	
			
	<u> </u>		_
			<u>. </u>
-			
Dated	September		
		0	
		Wyle B. Jay	
	Signature	·	
		Kyle B. Lewis Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00