

L11000100246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

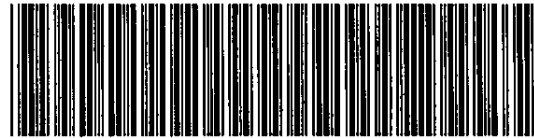
(Document Number)

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JAN 19 2017  
S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 18 PM 3:51

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRE Homes LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candace L. Equi  
Name of Person

FRE Homes LLC  
Firm/Company

4215 SW 4<sup>th</sup> Avenue  
Address

Ocala Florida 34471  
City/State and Zip Code

C.equi@cox.net  
E-mail address (to be used for future annual report notification)

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For further information concerning this matter, please call:

Candace L Equi at ( 352 ) 572-3284  
Name of Person Area Code Daytime 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 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**

FRE Homes LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 31, 2011 and assigned Florida document number L11000100246

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Candace L Equi	4215 SW 4th Ave, Oak, FL 34471	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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STATE  
SECRETARY OF  
FLORIDA  
JAN 18  
11 3:14 PM

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

17 JUN 18 PM 3:01

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TALLAHASSEE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

**Dated**

1-13-17

13-17, \_\_\_\_\_  
Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

FRANK R. EQUI JR.

Typed or printed name of signee

FRE HOMES, LLC  
"CUSTOM ACCOUNT"  
PH. 352-427-3423  
4215 SW 4TH AVENUE  
OCALA, FL 34471

2360

63-1465/631  
03

Jan 13, 2017

Date

CHECK AMOUNT

Pay to the  
Order of

Florida Department of State

\$ 60.<sup>00</sup>/<sub>100</sub>

Sixty Dollars

<sup>00</sup>/<sub>100</sub>

Dollars



Security  
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CBC FRE HOMES LLC  
NATIONAL BANK Amend

For Add CLE as mgr.

*Carla E. Go...*

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0140011651⑈ 2360

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