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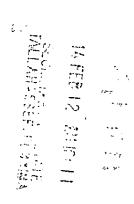
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations,
SUBJECT: MARY G. 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:
Mary Gianelloni Name of Person
MARKS HOMES Firm/Company
956 Lake Dirive Address
MICEVILLE FL 32578 City/State and Zip Code
Maryaianelloni @ cox.net  Expail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary GIANE Voni at (850) 499-8333  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

MARYG HOMES	LLC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>し ハ ゆゆり 1 4 8 2 4 9</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ted liability company here:
MARY M. GIANELLO	ni LLC
The new name must be distinguishable and end with the words "Limi	ited 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 ADDRE	ESS)
N/A	
1 / 1	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
N/A	<b>運輸工工</b>
, ,	ered office address on our records, <u>enter the name of the nevess here</u> :
Name of New Registered Agent:	
New Registered Office Address:	P. Classical II
N/A	Enter Florida street address
	, Florida
	Lip Cowe

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.

414

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>:

<u>Title</u>	Name N/A	Address	Type of Action
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		48.00	Add
			□ Remove

i ameno	ng any other intormation, enter change(s) here: (Attach additional sheets, if necessary.
	NA
<del></del>	
The effectiv	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated	2/7/2014
	Man M Granellan Signature of a member or authorized representative of a member
	·
	MARY M. Granellon; Typed or printed name of signer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00