

L11000112035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 14 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2012

RICHARD L. VANDERMEER
660 CELEBRATION AV SUITES 170-175
CELEBRATION, FL 34747

SUBJECT: NEW HOME REFUNDS CO LLC.
Ref. Number: L11000112035

We have received your document for NEW HOME REFUNDS CO LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Department of State does not maintain the names and addresses of the members of a limited liability company. Please remove the names and addresses of the members from the document OR insert the letters "MGR" beside their names and addresses to indicate they are serving in the capacity of a managing member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 712A00010849

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FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: New Home Refunds Co 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:

Richard L Vandermeer

Name of Person

New Home Refunds Co LLC

Firm/Company

660 Celebration Av suites 170-175

Address

Celebration, FL. 34747

City/State and Zip Code

Rich@Newhomerefunds.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Richard Vandermeer

Name of Person

at (321)

948-0356

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**

New home refunds co 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 September 29, 2011 and assigned
Florida document number L11000112035.

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 end with 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)

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TALLAHASSEE, FLORIDA

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

City, Florida

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
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Jeanne M Vandermeer	660 Celebration Av, suites 170-175 Celebration, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Jeanne M Vandermeer <i>MGRM</i>	660 Celebration Av suites 170-175 Celebration, FL 34747	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Richard L Vandermeer	660 Celebration Av suites 170-175 Celebration Av 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Richard L Vandermeer	660 Celebration Av suites 170-175 Celebration, Av 34747	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated April 2, 2012

Signature of a member or authorized representative of a member
Richard L Vandermeer

Typed or printed name of signee