# L12 0000 02074

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## **COVER LETTER**

TO: Registration Section Division of Corpo		·	
SUBJECT: NEW	HOME STAR	R FLORIDA / ed Liability Company	MANAGEMENT L
The enclosed Anicles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Keith	Name of Person	
i	NEW HOME S	STAR FLORIDA MA	NAGEMENT LLC
	145 u	J. 2nd Stree	: <u>+</u>
	Elmhur	State and Zip Code  @ Newhomes obe used for future annual report notifie	126
	Khall E-mail address: (1	a newhomes	Star.com
For further information cor	scerning this matter, please ca	d1:	
Keith Name of I	Person HALL	at (3/2) 636 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)

TO:

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

The Articles of Organization for this Limited Liability Company were filed on DI Florida document number <u>L1200002074</u> 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 New Registered Agent's Signature, if changing Registered Agent:

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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 Type of Action <u>Address</u> Name Title MGR Janey W. McQuality 322 Cape Co □ Remove □ Change □ Add ☐ Remove □ Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove ☐ Change ☐ Add □ Remove Change \_□ Add ☐ Remove

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Filing Fee: \$25.00