

L12000009841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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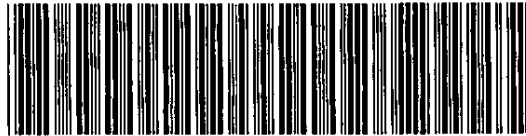
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 08 2013
J Shivers

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAPLES 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:

Amanda Castellon

Name of Person

Douglas Registered Agents

Firm/Company

2600 S. Douglas Rd, Ste 510

Address

Coral Gables, FL 33134

City/State and Zip Code

corp@castellonpl.com

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

For further information concerning this matter, please call:

Amanda Castellon

Name of Person

at (**786**) **391-3721**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NAPLES 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 01/20/2012 and assigned
Florida document number L12000009841.

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)

2600 S. Douglas Rd, Ste 510
Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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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: Douglas Registered Agents LLC

New Registered Office Address: 2600 S. Douglas Rd, Ste 510

Enter Florida street address

Coral Gables, Florida 33134

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 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>
<u>Mgr</u>	<u>Omar Chaparro</u>	<u>2600 S. Douglas Rd, 510</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FI 33134</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>James Dupre</u>	<u>2600 S. Douglas Rd, 510</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FI 33134</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>DIAZ DEL VALLE, MONICA A</u>	<u>255 Alhambra Cir, Ste 500</u>	<input type="checkbox"/> Add
		<u>Coral Gables, FI 33134</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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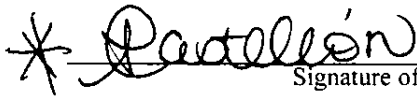
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☒ Add
☐ Remove

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

Dated 7/1/2013



Signature of a member or authorized representative of a member

Amanda Castellon

Typed or printed name of signee

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