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EXAMINER



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SICKETARY OF STATE
SIVEROR OF CORPORATIONS

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJI	CCT:	APS I	HOMES, LLC		
0000			ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sul	omitted for filing.		12 APR
Please	return all correspon	dence concerning this matter	to the following:		12 APR 13 PH 3: 16
			ERIC B. MARKS		. 6
			Name of Person		
		AV	ALON PARK GROUP		
			Firm/Company		
		3680 A	VALON PARK EAST B	LVD.	
			Address		
		ORL	ANDO, FLORIDA 3282	28	
			City/State and Zip Code	<u> </u>	
		E-mail address: (@avalonparkgroup.col to be used for future annual report	notification)	
For fur	ther information co	ncerning this matter, please o	all:	·	
	Er	ric Marks	at (_407_)	658-656	35
Name of Person			aytime Telephone	Number	
Enclose	ed 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 encl	losed) (0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
MAILING ADDRESS:		STREET/CO	URIER ADDR	ESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DO HOMEO II O		
(Name of the Limited Lie	NPS HOMES, LLC	er on our records	
(A Flo	bility Company as it now appearida Limited Liability Company)	its on our records.	ن المالية
			7 70%
The Articles of Organization for this Limited Liabil	lity Company were filed on	March 12, 2012	and assigned
Florida document number L1200003489	9		
			<i>ማ</i> "
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
	VEX HOMES, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	any," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
	<u> </u>		
Enter new mailing address, if applicable:			
•			
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
			-
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, enter th	e name of the new
registered agent and/or the new registered office	address here.		
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addre	ess
		. Florida	
-	City	, FIOTIUA	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** ☐ Add Remove Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April 2012 signature of a member of authorized representative of a member Typed or printed name of signee ERIC

Page 2 of 2

Filing Fee: \$25.00