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, (R	equestor's Name)
(A	ddress)
(A	ddress)
(0	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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SECRETART OF STATE
FALLAHASSEE, FLORIDA

SEP 1 2 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section 'Division of Corporations

SUBJECT

Innovare 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:

Ricardo Castillo Molina

Name of Person

Innovare Homes LLC

Firm/Company

8442 Candy Palm Road

Address

Kissimmee, FL 34747

City/State and Zip Code

ADM@innovarehomes.com

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

For further information concerning this matter, please call:

Ricardo Castillo Molina

at (407₎512-1373

Name of Person

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**

Innovare Homes LLC				
(<u>Name of the Limited</u> (A	L <mark>iability Compa</mark> Florida Limited L	ny as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Lia Florida document number 59-8015923544- L1200(x) This amendment is submitted to amend the follo A. If amending name, enter the new name of	ability Company 1 D37627 wing: the limited liab	were filed on 5	and assign SECRETARY OF STALLAHASSEE, FL	FILED
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Com	pany," the designation "LLC" or the app	reviation
Enter new principal offices address, if applicable:		8442 Cand	y Palm Road	
(Principal office address MUST BE A STREET	(ADDRESS)	Kissimme	FL 34747	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/or the new registered off	r registered of		FL 34747	the new
Name of New Registered Agent:	Ricardo Ca	stillo Molina		
New Registered Office Address:	8442 Cand	y Palm Road		<u></u>
		E	Enter Florida street address	
	Kissimmee		, Florida <u>34747</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing R	egistered 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

Page 1 of 3

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>	Address Type of Ac	<u>etion</u>
MGR	Ricardo Molina Castillo	8442 Candy Palm Road 🔽 🗚	bb
		Kissimmee FL 34747	move
MGR	George Camara	451 Tamarind Parke Lane	d
		Kissimmee FL 34758	move
		Ad	ld
		TALLAHA SEP	move
		SSEE, FLORID	LED
			move
		Ad	d
		Re	move
		Ad	d
		Re	move

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted August	21 2013
ted	,
	Cast 16
	Signature of a member or authorized representative of a member
Ricar	rdo Castillo Molina /

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SEGNELARY OF STATE
SEGNELARY OF STATE