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D. BRUCE
NOV 1 3 2012
EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: <b>GENE</b>	ESES HOMES L	LC'sed Liability Company	<del></del>	
	. Walte of Pitting	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	MAURICE HI	ARB Name of Person		
	MAURICE HI	Homes LLC Firm/Company	<del> </del>	
	P.O. Box 51	78		
	4	Address		
	E/Fers, FL	34686 Sity/State and Zip Code HHM/3	No.	
	HIMBIO Het Zero	City/State and Zip Code HHM 13	Donas 200 Com CLESSES NO	
	E-mail address: (t	HZEVO, COM o be used for future annual report notification	on) 5/2 - 1 -	Τ. <del>Τ</del> .
For further information co	oncerning this matter, please c	ail:	SET, T	=A.X =B.X
MAURICE Name of	HARB Person	at (813) 402-62 Area Code & Daytime Te	<i>33</i> 5: 6:	
		•	Lo.	
Enclosed is a check for th	e 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

beneses Home	) LLC			<del></del>		
( <u>Name of the Limited L</u> (A F	<u>ability Company as it</u> forida Limited Liability	Company)	on our records.)			
The Articles of Organization for this Limited Liab Florida document number	oility Company were f			and assi	gned	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of the	he limited liability co	mpany here:	:			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Lial	bility Company	y," the designation	"LLC" or the al	bbrevia	 ition
Enter new principal offices address, if applicab	de:			<del></del>		
(Principal office address MUST BE A STREET	ADDRESS)			ACC.	2	_
				AN AN	VOV	
				SS	-9	三
Enter new mailing address, if applicable:					70	95
(Mailing address MAY BE A POST OFFICE BO	OX)			(T) (T) (7) (D) (**	ف	
					90	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:					f the	<u>new</u> 
	odessa City	FL	, Florida	33556 Zip Code	<u> </u>	_

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>	Name	Address	Type of Action
MGR	MAURICE HARB	16121 /ytham of odesset	Add
			Remove
			<del>-</del>
		***************************************	Remove
			<u></u>
<del></del>			Add
			Remove
			FIL 12 NOV 3 9 SECRITARY TALLAHASSE
<del></del>			ASSE AMA FILA PALA PALA PALA PALA PALA PALA PALA P
			TEMPOVE TO CROSS OF C
			_ L Add
			Remove
			- ————————————————————————————————————
			_   Add
			Remove
			_

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1) please leave mourice HARB as the Registered Agent But
make him/maurice HARB) a manager (MGR) A/SD.
2) Please change the negestered agent address to the Same as
the principal Address to 16127 14tham DR, odessa, Fl, 33556
Dated 11/2/12 November 2, 2012.
Mourice Hart
Signature of a member or authorized representative of a member
MAURICE HARB
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

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