L12000139585

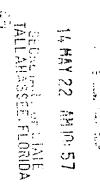
(Requestor's Name)
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05/22/14--01018--009 **25.00



COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

Michelangelo Custom 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:

Karine Rousseau

Name of Person

Michelangelo Custom Homes, LLC

Firm/Company

13721 Jetport Commerce Pkwy

Address

Suite 8, Fort Myers, FL 33913

City/State and Zip Code

karine@michelangelohomes.com

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

For further information concerning this matter, please call:

Karine Rousseau

305, 926-5670

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**

MICHELANGELO CUSTOM HOMES, LLC (Name of the Limited Liability Company as it now appears on our records.)

	(A Fiorida Emined	Elability Company)		
The Articles of Organization for this Limited I	Liability Company	were filed on October 30, 2012	and assigned	
Florida document number L12000137585		- 	0	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liah	vility company here:		
N/A				
The new name must be distinguishable and end with the	e words "Limited Lial	pility Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	N/A		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	I/or registered on office address her	ffice address on our records, enter te:	the name of the new	
New Registered Office Address:	N/A			
		Enter Florida street address . Florida	HAY 22	
		City	Zip Code,	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete gistered agent as p registered office	performance of my duties, and I am foor provided for in Chapter 605, F.S. Or, i	imiliar with and f this document is	
	If Chai	nging Registered Agent, <u>Signature of New Reg</u>	istered Agent	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> Type of Action 13721 Jetport Commerce Pkwy Timothy Oak VP-Op Suite 8, Fort Myers, FL 33913
■ Remove □ Add □ Remove □ Add ☐ Remove □ Add ∑□ Remove ☐ Refhove ☐ Add □ Remove

f amending any other information, enter change(s) here: <i>(Att</i> N/A	ach additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	
Dated May 18A Isly,	,
Signature of a member or authorized re	presentative of a member
ROUSSIDA KORN	ME_

Page 3 of 3

Filing Fee: \$25.00

