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Office Use Only



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DIVISION OF CORPURATIONS

JUL 2 6 2013 T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations

FLORIDA HOMES 1, 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:

JOSE L. PEREZ

Name of Person

FL HOMES 1

Firm/Company

**17707 NW MIAMI CT UNIT 101** 

Address

MIAMI, FL 33169

City/State and Zip Code

JOETEAM@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JOSE L. PEREZ

<sub>4,</sub>305<sub>\</sub>690-9998

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

FL HOMES 1, 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 11/20/2012	and assigned
Florida document number L12000148268	·	SECRE VISION (
This amendment is submitted to amend the following:		FILEI JF CON 25 A
A. If amending name, enter the new name of the lin	mited liability company here:	EU OF STATE AH II: 3!
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the designa	ition "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:		
	Enter Florida stre	eet address
	, Flori	
	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 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

Title MGR	Name FRANCESCO PASCALE	Address 17707 NW MIAMI CT SUITE 10 MIAMI, FL 33169	Type of Action  Add  Remove
MGR	JOHN CUTINO	17707 NW MIAMI CT SUITE 109 MIAMI, FL 33169	Add Remove
			Add Research File Of CORAGRATICES OF CORAGRATICES
			Add Remove
			Add Remove

o. It amending any other information, e	nter change(s) nere: (Attach adaitional sheets, )	ij necessary.)
Dated JULY 18	_, 2013	-
_	of a member or authorized tepresentative of a member	
JOSE L. PEREZ	Typed or printed name of signee	

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Filing Fee: \$25.00

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