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239-939-2220

COSTELLO ROYSTON & WICK

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JOHN M WICKER PA
Account Number : 120070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: FRANC@WICKER.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JS HOMES CAPE CORAL B LLC

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| Page Count | 04 |
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APR -7 2014
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Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JS HOMES CAPE CORAL B, 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 3/20/2013 and assigned
Florida document number L13000041591.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 605, 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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|----------------------|--|
| AMBR | JS MANAGMENT OF SWFL, INC | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| AMBR | JAKUB SMEJCKY | 8670 MERCADO CT | <input checked="" type="checkbox"/> Add |
| | | FORT MYERS, FL 33912 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 7, 2014



Signature of a member or authorized representative of a member

JAKUB SMEJCKY

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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