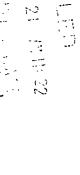
L1300095821

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	Idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



500264353915



14 OCT 21 PK 4: 34

OCT 2 2 2014 S. YOUKG

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/21/14

NAME:

K. HOVNANIAN JUPITER FARMS, LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION:

COVER LETTER

K. Hovna	nian Jupiter Farms, LL	C ,			
.C1:	Name of Lim	ited Liability Company			
closed Articles of A	amendment and fee(s) are sub	mitted for filing.			
return all correspon	dence concerning this matter	to the following:			
		Name of Person		87.2	-
		Firm/Company			
		Address		13 13	
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)		
ther information co	ncerning this matter, please c	all:			
		at ()	The Market	_	
Name of	Person	Area Code Daytime	e Telephone Number		
ed is a check for the	e following amount:				
5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy	Status &	
	Elosed Articles of Areturn all correspond	E-mail address: (Name of Lim E-mail address: (Their information concerning this matter, please concerning this matter) Name of Person E-mail address: (Name of Person	K. Hovnanian Jupiter Farms, LLC	Division of Corporations K. Hovnanian Jupiter Farms, LLC Name of Limited Liability Company Closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number at (Division of Corporations CT: K. Hovnanian Jupiter Farms, LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Name of Person

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

K. Hovnanian Jupiter Farms		
(Name of the Limited	Liability Company as it now appears on our recor- A Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lial Florida document number <u>L13000095221</u> This amendment is submitted to amend the follow	bility Company were filed on July 2, 2013	
	-	
A. If amending name, enter the new name of t	ne nmited habinty company nere:	
K. Hovnanian Reynolds Ranch, LLC		(三)
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	17 N 17
• •		
(Principal office address MUST BE A STREET	ADDRESS/	
Enter new mailing address, if applicable:		52.1. 73
(Mailing address MAY BE A POST OFFICE B	<u></u>	·
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our record ce address here:	is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Now Registered Office / Redicas.	Enter Florida street addre	:58
	הו	lorida
	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 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

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 Type of Action Title Name <u>Address</u> □ Add □ Remove □ Remove _□ Add _□ Remove ☐ Remove □ Add _□ Remove _□ Add _□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)
E.	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 and cannot be more than 9 the date this document is filed by the Florida Department of State)	(optional) 0 days after
	Dated October 20 , 2014	
	Signature of a member or authorized representative of a member	
	Michael Discafani - Authorized Representative	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00