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(Ad	ldress)	
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SECRETARY OF STATE

T. Burch SEP.12811

COVER LETTER

TO: Registration Section
Division of Corporations

JV Homebuilders, 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:

James L Vincent

Name of Person

JV Homebuilders, LLC

Firm/Company

4915 Rattlesnake Hammock Blvd #295

Address

Naples, FL 34113

City/State and Zip Code

james@jvhomeb.com

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

For further information concerning this matter, please call:

James L Vincent

239₎ 287-8443

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 555.00 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

JV Homebuild	•		
(Name of the Limited Liability (A Florida L	Company as it now appe imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on _	09/16/2013	and assigned
Florida document number L13000130270			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company l	nere:	
Paradise Coast Homes, LLC			
The new name must be distinguishable and end with the words "Limit	ted Liability Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enton non-minoinal offices address if anylin-li-			
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDRE</u>	<u></u>		
			14 SE ALI
	·		SE SE
Enter new mailing address, if applicable:			A P
•			— 65 ⊋ - 65 } ******
Mailing address MAY BE A POST OFFICE BOX)			- T T
			rs _
			TAILS ORID
B. If amending the registered agent and/or registe	red office address o	on our records, <u>en</u>	terzihe nante of the
egistered agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
		. Florida	
	City	, F 10FIQ3	a 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			SECRET Remove
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			D Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Remove
			Add
			☐ Remove

If amending any other information	a, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida	te of filing: (optional) e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)
Dated September 01	2014
	De Par
200	nature of a member or authorized representative of a member
	James L Vincent MGRM

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Filing Fee: \$25.00

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