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D. SCOTT OCT 0 3 2016

## **COVER LETTER**

Enclosed is a check for the following amount:	Division of Cor	porations '		
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:  EHER RODRIGUEZ  Name of Person  AMAE BUILDERS, LLC.  Firm/Company  1505 NE 12TH PLACE  Address  CAPE CORAL, FL 33909  City/State and Zip Code  AMAEBUILDERS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ELIER RODRIGUEZ  1239  239 - 7736  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} & \Begin{array} \text{S55.00 Filing Fee} & \Certificate of Status & Certificate of Stat	SUBJECT:	ERN DEVELOPME	ENT COMPANY, LLC.	
Please return all correspondence concerning this matter to the following:    EIIER RODRIGUEZ		Name of Lim	ited Liability Company	<del></del>
EHER RODRIGUEZ  Name of Person  AMAE BUILDERS, LLC.  Firm/Company  1505 NE 12TH PLACE  Address  CAPE CORAL, FL 33909  City/State and Zip Code  AMAEBUILDERS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ELIER RODRIGUEZ  Name of Person  at (239 239 - 7736)  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee \$ Certificate of Status (200) Certificate of Status & Certificate Copy (200) Certificate of Status & Certificate Copy (200) Certificate Copy (200	The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Name of Person  AMAE BUILDERS, LLC.  Firm/Company  1505 NE 12TH PLACE  Address  CAPE CORAL, FL 33909  City/State and Zip Code  AMAEBUILDERS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  ELIER RODRIGUEZ  Substituting this matter, please call:  Area Code  Name of Person  Area Code  Daytime Telephone Number  Conclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy	Please return all correspon	ndence concerning this matter	to the following:	
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Total Place  Address  CAPE CORAL, FL 33909  City/State and Zip Code  AMAEBUILDERS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ELIER RODRIGUEZ  Name of Person  Area Code  Daytime Telephone Number  Page 239 - 7736  Area Code  Daytime Telephone Number  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)		AMAE B	SUILDERS, LLC.	
CAPE CORAL, FL 33909  City/State and Zip Code  AMAEBUILDERS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ELIER RODRIGUEZ  239  239 - 7736  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee  \$30.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy  Certified Copy			Firm/Company	
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City/State and Zip Code  AMAEBUILDERS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ELIER RODRIGUEZ  Area Code  Daytime Telephone Number  Centificate of Status  Certificate of Status  Certificate Opy  (additional copy is enclosed)  Code  AMAEBUILDERS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  AREA CODE  S239 239 - 7736  Daytime Telephone Number  S25.00 Filing Fee & S60.00 Filing Fee,  Certificate of Status & Certificate Opy  (additional copy is enclosed)			Address	
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	□ \$25.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy

### MAILING ADDRESS:

TO:

Registration Section

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

ERN DEVELOPME	NT COMPANY, LLC.		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appear da Limited Liability Company)	s on our records.	
he Articles of Organization for this Limited Liability	Company were filed on	09-17-2013	and assigned
orida document numberL13000131873			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
AMAE BUILDERS, LLC.			
he new name must be distinguishable and contain the words "L	imited Liability Company," the de	esignation "LLC" or t	he abbreviation "1L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	ORESS)		
		<del></del>	
Inter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or reg		our records, en	ter the name of the
egistered agent and/or the new registered office ad	dress here:		量省工
Name of New Registered Agent:			33 FE
New Registered Office Address:			
New Registered Office Address.	Enter Flor	ida street address	<u> </u>
			<b>SER 5</b>
	City	, Florida	Zip Code
	City		Lip Colle

#### 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROSITA TAPIA	301 NW 35th PLACE	<b>∃</b> Add
		CAPE CORAL, FL 33993	Remove
			Change
			Add
			Remove
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Effectiv	e date, if other than	the date of filing	10-01-		(opt	tional) Figure 4 To 605.02
Note: 1	f the date inserted in thi	s block does not m	eet the applicab	date of filing or mo le statutory filing	re than 90 days and requirements, th	is date will not be listed a
docume	nt's effective date on th	e Department of S	tate's records.			
ne reco	ord specifies a dela	ved effective d	ate but not a	an effective ti	me_at 12:01	a.m. on the earlier
	90th day after the		ate, but not t	in enective ti	me, at 12.01	a.m. on the earlier
	00	20	2016	_		
Dated _		- 29 ,	2016			
			-			
		Signature of a n	nember or authori	ed representative	of a member	
		ELIER RODR	UGUEZ	•		

Page 3 of 3

Filing Fee: \$25.00