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K. SALY EXAMINER JAN 1 3 2014

CUVER LETTER

	egistration Section vision of Corporations
UBJECT	
	Name of Limited Liability Company
	·
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Michael L. Rowen
	Devoe Custom Homes
	1370 Gere St
	Winter Park FC 32789 City/State and Zip Code
	E-mail address: (to be used for future arrival report notification)
For further	information concerning this matter, please call:
_Mi	Name of Person at (407) 463-1567 Area Code & Daytime Telephone Number
E nglass d is	a check for the following amount:
\$25.00	Filing Fee Certificate of Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

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

FILED

Davido Cistavi	1 1	SECRETARY OF
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on ou	r records AHASSES STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L13600(49169</u> .	y were filed on $\frac{10/23}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		ords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	rida street address
		_, Florida
	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.

C. It amending the intanagers of intanaging intempers on our records, enter the fine, name, and address of each intanager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

itle Mar	Name Douglas Devoogel	Address 9518 TAVISTOCK Rd ORlando FC 32827	Type of Action Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
			Add Remove

lf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · ·
d	December 17th, 2013.
	Signature of a member or authorized representative of a member Michael Rower MgR
	Typed or printed name of signee Page 3 of 3
	Filing Fee: \$25.00