## L140000 19813

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## **COVER LETTER**

TO: Registration Section Division of Corpo			•
	M Lopez	Homes LlC	
SUBJECT:		ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subt	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
		Manuel lopez	
		Name of Person	
		lopez Homes	·
		Firm/Company	
	6808 El de	oraclo. CT	, <u>.</u>
	6808 El do	Address 41, 33615	
•		City/State and Zip Code	<del></del>
	E mail addrage: (t	to be used for future annual report notifical	tion
		·	uon
For further information con	ncerning this matter, please ca	all:	
Manuel 1	opez	at ( <del>78 )</del> 3 49 - 2 Area Code Daytime Te	2354
Name of F	Person	Area Code Daytime Te	elephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

(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 L 14000019Q Florida document number 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. Enter new principal offices 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ABIGAL PEREZ	8412 wood BriER CT	
		TAMPA, F1 33615	Remove
•			Change
MGR	Emma Lo PEZ_	6888-El doradoct	Add
		688-8 doradoct. Tampa T.L. 33615	Remove
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		Signa	ture of a m	ember or authoriz	zed representative	of a membe	r	<u> </u>	29
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