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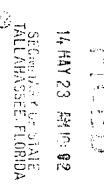
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Naples Custom Homes, 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:

Melissa Owen

Name of Person

Naples Custom Homes, LLC

Firm/Company

514 Avellino Isles Circle, #3102

Address

Naples, FL 34119

City/State and Zip Code

amowen23@gmail.com

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

For further information concerning this matter, please call:

_at (<u>39</u>)

Daytime Telephone 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

Naples Custom Homes, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(4	A Florida Limited L	iability Company)			
The Articles of Organization for this Limited Lia Florida document number <u>L14000027250</u>	bility Company	were filed on <u>2/17/14</u>	{ {	and ass	igned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
N/A					
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company," the designation "LLC" o	r the abbrev	iation "L	.L.C."
Enter new principal offices address, if applica	ble:	N/A			
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address if applicables		N/A			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered offi			nter the	name (of the new
Name of New Registered Agent:	Melissa Owe	en		<u> </u>	Es koyez±. år [
New Registered Office Address:	514 Avelling	Isles Circle, #3102	ASS	23	is se participal. If we have regarded to the control of the contr
		Enter Florida street address	Tris	J.	y degree,
	Naples	. Florid	a 34119	3	i sanikasi
		City		Code	
New Registered Agent's Signature, if changing Re	gistered Agent:		A	1.0	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ci	r and complete pered agent as pregistered office of hange.	performance of my duties, and I rovided for in Chapter 605, F.S.	am famili Or, if thi he limited	iar with s docui liabilii	h and ment is ty

Page 1-of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Warren A. Owen	514 Avellino Isles Circle	e_□ _{Add}
		#3102	■ Remove
		Naples, FL 34119	
MGR	Warrn A. Owen	514 Avellino Isles Circle	— Э_□ Add
		#3102	Remove
		Naples, FL 34119	
MGR	Melissa A. Owen	514 Avellino Isles Circle	9 ■ Add
		#3102	□ Remove
		Naples, FL 34119	
			□ Add
	PARAMETER C	A A	
		E AHA:	Remove
		60 [73	<u> </u>
			Add Add
			□ Remove
			_
			_□ Add
			_□ Remove
			_

N/A	
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ed 5/20, 2014.	
date this document is filed by the Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

14 MAY 23 AM ID: @2 SECRETARY OF STATE TALLAHASSEE, FLORIDA