

L14 000027250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
14 MAY 23 PM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

x Melissa Owen at (239) 273-0716
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

☐ \$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)

The Articles of Organization for this Limited Liability Company were filed on 2/17/14 and assigned Florida document number L14000027250.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Melissa Owen

New Registered Office Address:

514 Avellino Isles Circle, #3102

Enter Florida street address

Naples

City

Florida

34119

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.

** Melissa Owen*
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Warren A. Owen	514 Avellino Isles Circle	<input type="checkbox"/> Add
		#3102	<input checked="" type="checkbox"/> Remove
		Naples, FL 34119	
MGR	Warrn A. Owen	514 Avellino Isles Circle	<input type="checkbox"/> Add
		#3102	<input checked="" type="checkbox"/> Remove
		Naples, FL 34119	
MGR	Melissa A. Owen	514 Avellino Isles Circle	<input checked="" type="checkbox"/> Add
		#3102	<input type="checkbox"/> Remove
		Naples, FL 34119	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRET
MAY 23 1968
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/20/, 2014.

*

Melissa Owen

Signature of a member or authorized representative of a member

Melissa Owen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
14 MAY 23 PM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA