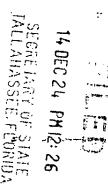
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PICK-UP	WAIT	MAIL
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COVER LETTER

	gistration Sectivision of Corpo			
SHID IFOT.	JPG HOM	ES, LLC		
Name of Limited Liability Company				
The enclose	ed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please retur	n all correspond	lence concerning this matter to	o the following:	
		KENNETH C HUTTO	CPA, ESQUIRE	
			Name of Person	
		THE LAW OFFICE O	F KENNETH C HUTTO, PL	
			Firm/Company	
		842 S MISSOURI AV	'ENUE	
			Address	
		LAKELAND, FL 3381	5	
			City/State and Zip Code	
		E-mail address: (to	be used for future annual report notificati	on)
For further i	nformation con-	cerning this matter, please cal	1:	
PHILICIA	A GUILLAUN	ΛE	205 767-2205	
	Name of P	erson	Area Code Daytime Tel	ephone 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

JPG 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 FEBRUARY 28,2014 and assigned Florida document number L14000034464 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 end with 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

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.

New Registered Agent's Signature, if changing Registered Agent:

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEFFREY GUILLAUME	7158 EVERGREEN LOOP	■ Add
		POLK CITY, FL 33868	☐ Remove
			□ Remove
			Add
			□ Parrous
			
			Remove
		 	S 2 5
			Pada Pada Pada Pada Pada Pada Pada Pada
			□ Add

,,	n, enter change(s) here: (Attach add	itional sheets, if necessary.
	.	
Effective date, if other than the dathe effective date must be specific, cannot be the date this document is filed by the Floric	e prior to date of receipt or filed date and cann	(optional) ot be more than 90 days after
Dated JULY 14	2014	
PPSYM	<u></u> .	
()	gnature of a member or authorized representat	ive of a member
PHILICIA GUILLAUI		·
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

14 DEC 24 PM 12: 26
SEGRETARY OF STATE