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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

FLORIDA GULF COAST 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:

MATTHEW HARDEN

Name of Person

FLORIDA GULF COAST HOMES, LLC

Firm/Company

8157 LAKE SAN CARLOS CIR

Address

FORT MYERS, FL 33967

City/State and Zip Code

SWFLILJ@GMAIL.COM

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

For further information concerning this matter, please call:

JACKIE JOHNSON

₄,239,872-3033

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

FLORIDA GULF COAST 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 Lia	ability Company v	vere filed on 02/28/201	4		and ass	igned
Florida document number L14000034565						
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company here:				
The new name must be distinguishable and end with the v	vords "Limited Liabil	ity Company," the designation "	LLC" or t	he abbrev	iation "l	L.L.C."
Enter new principal offices address, if applica	ıble:	8157 LAKE SAN O	CARLO	OS CI	R	
(Principal office address MUST BE A STREE)	FORT MYERS, FL 33967					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	PO BOX 946 ESTERO, FL 3392	29			
B. If amending the registered agent and/or the new registered off Name of New Registered Agent:			rds, ent	ter the	name	of the ne
	8157 LAKE	SAN CARLOS CII	R		<u></u>	, ,
New Registered Office Address:		Enter Florida street ada				
	FORT MYE	ERS ,	Florida	3396	7 ?	
	·	City		Z	ip Gode	
New Registered Agent's Signature, if changing R	egistered 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	MCD DIVERSIFIED, LLC	4725 MEADOWVIEW BLVI	O Add
		SARASOTA, FL 3423	3 ■ Remove
			Add
			Remove
			 □ Add
			□ Add□ Remove
			□ Add
			-5.5
		·- <u>·</u>	- 20 - 20 - 20
			Add
			Remove
			 □ Add
			Remove
			_L Kelliove

If amending any other information, enter change(s) here: '(Attach ad	ditional sheets, if necessary.)
Affective date, if other than the date of filing:	(optional)
Iffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and car	not be more than 90 days after
the date this document is filed by the Florida Department of State)	
Dated 5/18 . 2014 .	
, , , , , , , , , , , , , , , , , , , ,	
256	
Signature of a member or authorized represent	ative of a member
•	ative of a member
MATTHEW E. HARDEN	
Typed or printed name of sign	ee

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Filing Fee: \$25.00