214000047745

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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SECRETARY OF STATE

D. BRUCE

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
ARIEL H	OMES REALTY LLC		
	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter	_	
1			
	ARIEL QUINTELA		
Name of Person			
	ARIEL HOMES REALT	YLLC	
		Firm/Company	
	17633 Gun Highway #111		
		Address	
	ODESSA,FL 33556		
		City/State and Zip Code	
	ARIEL@ARIELHOMES.C	COM to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	•	·····
JOE TRIPLETT	,,	813 792-5566	
	of Person	at ()	Telephone Number
		Thou oddo Dayimie	·
Enclosed is a check for	the following amount:		CAR A
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. L Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	AING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ariel Home Realty		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L14000047745	were filed on 3/24/2014 and assigned	
this amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	pility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	7705 Kenia Meadows Drive	
Principal office address MUST BE A STREET ADDRESS)	Odessa, FL 33556	
inter new mailing address, if applicable:	17633 Gun Highway #111	
Mailing address MAY BE A POST OFFICE BOX)	Odessa, FL 33556	
B. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:	ACC A	
New Registered Office Address:	Enter Florida street addre	
	, Florida →	
	City Zip, Code	
ew 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 = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KEFFER NORRIS	17633 Gun Highway #111	Add
		ODESSA, FL 33556	Remove
			□ Change
			□ Add
			Remove
			Change
			Add
			□ Remove
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ffect	ive date, if other than the date of filing: (optional)	
an eff	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.), Pursuant to 605.	0207 (3)(t
ocum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be listed the service of the date on the Department of State's records.	d as the
	AST R	
e red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r_of:
The	90th day after the record is filed.	i ****
	90th day after the record is filed. March 10 2016	توس
ated	2016	
	(
	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00