

L14000054876

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FAMILY FIRST HOMES FLORIDA LLC

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**AMENDED STATEMENT OF AUTHORITY
OF
FAMILY FIRST HOMES FLORIDA, LLC**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following Amended Statement of Authority:

FIRST: The name of the limited liability company is:

FAMILY FIRST HOMES FLORIDA, LLC.

SECOND: The Florida Document Number of the limited liability company is:

L14000054876

THIRD: The street address of the limited liability company's principal office is:

3018 Mona Lisa Blvd., Naples, FL. 34119

FOURTH: The mailing address of the limited liability company's principal office is:

3018 Mona Lisa Blvd., Naples, FL. 34119

FIFTH: This Statement of Authority amends the statement of authority filed on October 17, 2016 and grants or sets limitations of authority, on all persons having the status or position of a person in the company, whether as a member, transferee, manager, officer, agent or otherwise or to a specific person, on the following:

1. As Manager of the Company, the following person has full authority to perform any and all acts on behalf of the Company.

EDWARD S. KAUFMAN.

2. As Authorized Agents of the Company, the following persons are not authorized to execute deeds, transferring real property, owned by the Company, however, they may enter into all other transactions on behalf of the Company or otherwise act for or bind, the Company.

TIMOTHY S. PERES.

DONNA EGDES.

MARK LEWIS.

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3. The following person has no authority to open or close bank accounts for the Company with any financial institution or otherwise.

MARK LEWIS.

4. The following person has no authority to enter into any transaction or contract, on behalf of the Company, in excess of \$100,000.00.

MARK LEWIS.



Edward S. Kaufman, Manager

STATE OF FLORIDA

SS

COUNTY OF COLLIER

The foregoing was sworn to, subscribed, and acknowledged before me this 15 day of February 2017, by Edward S. Kaufman, who is personally known to me or who has produced _____ as identification.

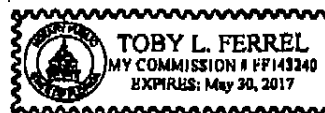

Signature of Notary

Toby L. Ferrel

Typed or Printed Name of Notary

Commission No. FF143240

My Commission Expires: 5/30/17



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