

04/16/2019 17:08

(FAX)

P.0017093

L14000054898

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

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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K. SALY  
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**AMENDED STATEMENT OF AUTHORITY  
OF  
FAMILY FIRST HOMES FLORIDA MANAGEMENT, LLC**

P:002/003  
**FILED**  
19 APR 17 AM 9:4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 MANAGEMENT, LLC.**

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

**L14000054898**

**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 May 9, 2017 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 **MANAGING MEMBER** of the Company, the following person has full authority to perform any and all acts on behalf of the Company including but not limited to transferring real property of the Company.

**EDWARD S. KAUFMAN.**

2. As **MANAGERS** of the Company, the following persons have full authority to perform any and all acts on behalf of the Company, including but not limited to transferring real property of the Company.

**TIMOTHY S. PERES.**

**DONNA EGDES.**

H19000124997 3

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3. As an AUTHORIZED REPRESENTATIVE of the Company, the following person has full authority to perform any and all acts on behalf of the Company, including but not limited to transferring real property of the company; **HOWEVER, THIS PERSON DOES NOT HAVE THE AUTHORITY to open or close bank or financial accounts for the Company with any financial institution or otherwise.**

MARK LEWIS.



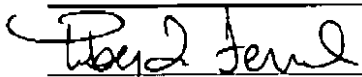
EDWARD S. KAUFMAN,  
Managing Member

STATE OF FLORIDA

SS

COUNTY OF COLLIER

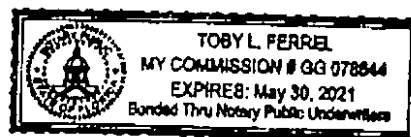
The foregoing was sworn to, subscribed, and acknowledged before me this 11 day of April 2019, by Edward S. Kaufman, who is personally known to me or who has produced \_\_\_\_\_ as identification.



Signature of Notary

Toby L. Ferrel

Typed or Printed Name of Notary

Commission No. 66078644My Commission Expires: 5/30/21

H19000124997 3

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