## L14000062215

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
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SECRETARY OF STATE
TALLAHASSEE, FLORID

MAY 1 3 2014

T. BROWN

## COVER LETTER

TO: **Registration Section Division of Corporations** 

JRNKEY HOMES OF BREVARD, 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:

Carol Allison
Name of Person
Carol Allison Document Service
Firm/Company
2650 Baywood Drive
Address
Titusville, Fl. 32780
City/State and Zip Code
E mail address (to be used for future annual sense notification)
E-mail address: (to be used for future annual report notification)
erning this matter, please call:

For further information conc

Carol Allison

Name of Person

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)

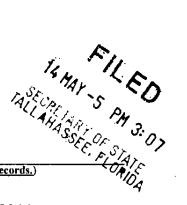
**MAILING ADDRESS:** 

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



## TURNKEY HOMES OF BREVARD, 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 Li Florida document number L14000062215	ability Company	were filed on April 14, 20	and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liah	oility company here:	
NA			
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		1	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/registered agent and/or the new registered of	or registered o	office address on our reco	rds, enter the name of the new
Name of New Registered Agent:	NA		
New Registered Office Address:	<del></del>	Enter Florida street add	ress
		, ]	Florida
	<del></del>	City	FloridaZip Code

New 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 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 = Manager

AMBR = Authorized Member Title <u>Name</u> **Address Type of Action Brandy Torres** 2595 Sykes Creek Dr. MGR Merritt Island, Fl. 32953 John F. Dismore 750 N. Atlantic Ave MGR **■** Add PH #3 ☐ Remove Cocoa Beach, Fl. 32931 □ Add □ Add □ Remove □ Add \_□ Add ☐ Remove

NIA	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
7 7 100	
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Effective date	if other than the date of filing: (ontional)
The effective date the date this doct	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)  Aug
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The effective date the date this door	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State).

Page 3 of 3

Filing Fee: \$25.00