## L14000063980

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DATE: 6/3/14

NAME:

K. HOVNANIAN AT BOCA HIGHLANDS, LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND CERTIFICATE OF STATUS PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K. Hovnanian at Boca High		
(Name of the Limited	l Liability Company as it now appears on our r A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number L14000063980	bility Company were filed on April 18,	2014 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
K. Hovnanian at Valletta, LLC		
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
		in the same of the
•	_	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
		in in
B. If amending the registered agent and/or registered agent and/or the new registered offi		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
		_, Florida
	City	Ztp 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

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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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action \_□ Add \_□ Remove □ Add □ Remove ..... \_ Add S \_□ Remove \_□ Add ☐ Remove \_\_\_\_\_ □ Remove \_□ Add \_□ Remove

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date this document is filed by	the date of filing: cannot be prior to date of receipt or filed date and cannot be the Florida Department of State)  2014	(optional) more than 90 days after
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