

#L140000088876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

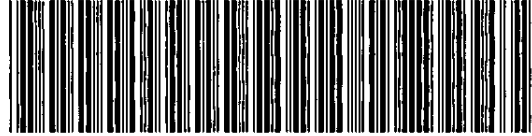
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400274072834

EFFECTIVE DATE  
6-30-2015

06/22/15--010001--008 \*\*25.00

STATE OF FLORIDA  
TALLAHASSEE, FL 32301

2015 JUN 22 PM 12:34

FILED

K. SALLY  
EXAMINER  
JUN 24 2015



EFFECTIVE DATE  
6-30-2015

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2015 JUN 22 PM 12:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Best Homes 4 You, 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 Liability Company were filed on 06/03/2014 and assigned  
Florida document number L14000088876.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4818 SW 1st Court

**(Principal office address MUST BE A STREET ADDRESS)**

Cape Coral, FL 33914

Enter new mailing address, if applicable:

4818 SW 1st Court

**(Mailing address MAY BE A POST OFFICE BOX)**

Cape Coral, FL 33914

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Claudia Blank

New Registered Office Address:

4818 SW 1st Court

Enter Florida street address

Cape Coral

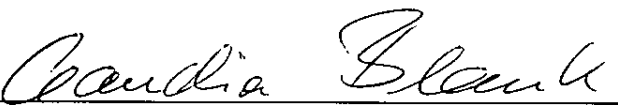
Florida 33914

City

Zip 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 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 = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|-------------|----------------------|--|
| MGR          | Axel Blank  | 4818 SW 1st Court    | <input type="checkbox"/> Add               |
|              |             | Cape Coral, FL 33914 | <input type="checkbox"/> Remove            |
|              |             |                      | <input checked="" type="checkbox"/> Change |
| MGR          | Thomas Hopf | 126 SW 49th Terrace  | <input type="checkbox"/> Add               |
|              |             | Cape Coral, FL 33914 | <input checked="" type="checkbox"/> Remove |
|              |             |                      | <input type="checkbox"/> Change            |
|              |             |                      | <input type="checkbox"/> Add               |
|              |             |                      | <input type="checkbox"/> Remove            |
|              |             |                      | <input type="checkbox"/> Change            |
|              |             |                      | <input type="checkbox"/> Add               |
|              |             |                      | <input type="checkbox"/> Remove            |
|              |             |                      | <input type="checkbox"/> Change            |
|              |             |                      | <input type="checkbox"/> Add               |
|              |             |                      | <input type="checkbox"/> Remove            |
|              |             |                      | <input type="checkbox"/> Change            |

FILED  
2015 JUN 2 PM 12:35  
CLERK OF CIRCUIT COURT  
STATE OF FLORIDA  
TALLAHASSEE

