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K.SALY EXAMINER JUN 24 2015

COVER LETTER

	egistration Sec vision of Corp	
CHDICT		4 You, LLC
SUBJECT	:	Name of Limited Liability Company
The enclose	ed Articles of A	Amendment and fee(s) are submitted for filing.
Please retu	rn all correspor	ndence concerning this matter to the following:
		Axel Blank
		Name of Person
		Best Homes 4 You, LLC
		Firm/Company
		4818 SW 1st Court
		Address
		Cape Coral, FL 33914
		City/State and Zip Code
		axel,blank@b-automation.com E-mail address: (to be used for future annual report notification)
For further	· information co	oncerning this matter, please call:
Axel Blan	k	f Person Area Code Daytime Telephone Number
	Name of	f Person Area Code Daytime Telephone Number
Enclosed i	s a check for th	ne following amount:
\$25.00) Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

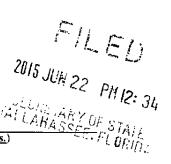
MAILING ADDRESS:

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

EFFECTIVE DATES

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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 Lia Florida document number L14000088876	were filed on 06/03/2014	and assigned		
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company." the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ıble:	4818 SW 1st Court		
(Principal office address MUST BE A STREET ADDRESS)		Cape Coral, FL 33914		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4818 SW 1st Court Cape Coral, FL 33914		
B. If amending the registered agent and/or registered agent and/or the new registered off			ords, <u>enter the name of the new</u>	
Name of New Registered Agent:	Claudia Blank			
New Registered Office Address: 4818 SW 1st C				
		Enter Florida street a	ddress	
	Cape Coral		, Florida <u>33914</u>	
		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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Axel Blank	4818 SW 1st Court	
		Cape Coral, FL 33914	□ Remove
			☐ Change
MGR	Thomas Hopf	126 SW 49th Terrace	□ Add
		Cape Coral, FL 33914	■ Remove
			Change
			Remove
			87.7. C.Add
			□ Remove
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			Add
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	d specifies a delayed ef oth day after the record		t not an effect	tive time, at 12:	01 a.m. on the	earlier o
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Filing Fee: \$25.00