14000103443

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SECRETARY OF STATE
TALLAHASSEF EL DOINA

COVER LETTER

TO:	Registration Se Division of Cor					
eun iez	Homes of A	America Management/Sunshine	e State Villas LLC			
SOBJEC	L. I.:	Name of Limited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Timothy Woodward				
			Name of Person			
		Homes of America Manag	ement/Sunshine State Villas LLC			
			Firm/Company			
		16354 St Augustine Street				
			Address			
		Clermont, FL, 34714				
City/State and Zip Code				· · · · · ·		
		sunshinestatevillas@gmail.				
			to be used for future annual report notifi	ication)		
For furth	ner information co	oncerning this matter, please co	all:			
Timothy	y Woodward		407 630-2627 at ()			
	Name of	f Person	at () Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	ne 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

Homes of America Management/Sunshine State Villa		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our record: Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Torida document number L14000103443	were filed on 06/27/2014	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Sunshine State Villas LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEL SEL
Principal office address MUST BE A STREET ADDRESS)		- A A A T
		ASSEE
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	i
		orida
	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>	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (If an effective date is isseet, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 405.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed. Dated 2.7 AUGUST Signature of a member or authorized representative of a member	D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
2. Effective date, if other than the date of filing: (optional) (If an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Dated 2.7 Available Signature of a member or authorized representative of a member		
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	Dated	27 AVGUST 2017
Limothy Woodward		Timothy Woodward

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00