## L14000130908

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SECRETARY OF STATE
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SEP 2 3 2014 **T. HAMPTON** 

## **COVER LETTER**

TO: Registration Section
Division of Corporations

POSEN	SIGNA	TURE	HOMES	LLC
	POSEN	POSEN SIGNA	POSEN SIGNATURE	POSEN SIGNATURE HOMES

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:

DANIEL DOANE, CFO

Name of Person

SPOSEN SIGNATURE HOMES LLC

Firm/Company

2311 SANTA BARBARA BLVD #111

Address

CAPE CORAL, FL 33991

City/State and Zip Code

ACCOUNTING@SPOSENHOMES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tallahassee, FL 32314

DANIEL DOAL	NE, CFO	239	244-8672	
Name	e of Person	Area Code	Daytime Te	lephone Number
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fer Certified Copy (additional copy is		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divis	LING ADDRESS: stration Section sion of Corporations Box 6327	Registr Divisio	ET/COURIER ration Section on of Corporation Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited L</u> (A F	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number L14000130908	lity Company were filed on 8/20/2014 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

SPOSEN SIGNATURE HOMES LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NATHANIEL WOODHULL	248 SW 33RD STREET	<b>≡</b> Add
		CAPE CORAL, FL 33914	Remove
			<del></del>
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			FLOR Remove
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If amending any other information, enter change(s) here: (Attach additional additional and additional addition	itional sheets, if necessary.)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) ot be more than 90 days after
Dated SEPTEMBER 18TH 2014	
Dated SEPTEMBER 1811 2014	C&0
Signature of a member or authorized representati	ve of a member
DANIEL DOANE, CFO	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECONDIANY OF STATE