L14000194920

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	· #)
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J. HARRIS

COVER LETTER

	tion Section of Corporations	
BILT SUBJECT:	TMORE PARC HOME, LLC	
30 0 00ECT.	Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	prrespondence concerning this matter to the following:	
	DANIEL FERNANDEZ	
	Name of Person	
	FERNANDEZ, SARDINAS & ASSOCIATES, P.A.	
	Firm/Company	
	250 CATALONIA AVENUE, SUITE 600	
`	Address	
į	CORAL GABLES, FL 33134	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
DANIEL FERNA		
Name of Person at () Area Code Daytime Telephone Number		
Enclosed is a check	k for the following amount:	
□ \$25.00 Filing I	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

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

BILTMORE PARC HOME, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records, a Limited Liability Company))
The Articles of Organization for this Limited Liability C	Company were filed on 12/24/2014	and assigned
Florida document number L14000194920	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
BILTMORE PARC HOMES, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		ALC: PH
(Principal office address MUST BE A STREET ADDI	RESS)	
		100 m
		The P
Enter new mailing address, if applicable:		Line in the
(Mailing address MAY BE A POST OFFICE BOX)		5
<u> </u>		7>
	.	
B. If amending the registered agent and/or regis	stered office address on our records.	enter the name of the new
registered agent and/or the new registered office add		the man of the men
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:	Enter Florida street address	
	, Floi	rida Ziv Code
	CHY	Lip Cone

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

MGR= M AMBR= A	anager uthorized Member		
<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
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	DANIEL FERNANDEZ	Typed or printed name of signee	8 + 8 × 5
	-	re of a member or authorized representative of a member	7. EC. 18
	Secul :	FCW	
Dated _	UNE 28	2016	
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	ord specifies a delayed effect Both day after the record is	tive date, but not an effective time, at 12: filed.	01 a.m. on the earlier
	nt's effective date on the Departme		
Litective If an effect Note: If	e date, if other than the date of tive date is listed, the date must be spec If the date inscrted in this block doe:	f filing:(ific and cannot be prior to date of filing or more than 90 days s not meet the applicable statutory filing requirements	(optional) is after filing.) Pursuant to 605.02 is, this date will not be listed a
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Filing Fee: \$25.00