

L15000082387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

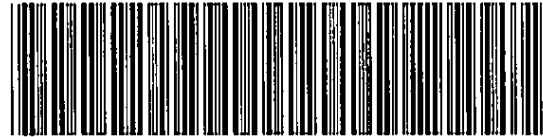
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neo Florida Homes, LLC

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:

D. Paul Dietrich II

Name of Person

Swann Hadley Stump Dietrich & Spears, P.A.

Firm/Company

200 E. New England Avenue, Suite 300

Address

Winter Park, FL 32789

City, State and Zip Code

pdietrich@swannhadley.com

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

For further information concerning this matter, please call:

D. Paul Dietrich II

407

647-2777

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
2601 Executive Center Circle
Tallahassee, FL 32301

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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>
AMBR	Neo Florida Holdings, LLC	200 E. New England Avenue	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		Winter Park, FL 32789	<input type="checkbox"/> Change
AMBR	Golden Palm Homes, LLC	200 E. New England Ave.	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Winter Park, FL 32789	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated September 25 2018

Signature of a member

Signature of a member or authorized representative of a member

D. Paul Districh II

Typed or printed name of signee