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## **COVER LETTER**

	orations			
ADINA HO	MES, LLC			
	Name of Lim	ited Liability Company		
l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
all correspon	ndence concerning this matter	to the following:		
	ADINA CONSTANTINE	SCU		
		Name of Person		
	ADINA HOMES, LLC			
		Firm/Company		
	5311 N.E. 16th Terrace			
		Address		
	Fort Lauderdale, FL 33334	ŀ		
	AdinaHomes@gmail.com	City/State and Zip Code		<b>→</b> 74
		to be used for future annual re	port notification)	# SA
nformation co	ncerning this matter, please ca	all:		8- N
antinescu		714 at ( )	872-0857	3 元の
Name of	Person	Area Code	Daytime Telephone Number	TT MAY -8 PM 3: 3T
check for the	e following amount:			
iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	e of Status &
	all corresponding formation continues cu	ADINA CONSTANTINE  ADINA HOMES, LLC  S311 N.E. 16th Terrace  Fort Lauderdale, FL 33334  AdinaHomes@gmail.com  E-mail address: (  antinescu  Name of Person  a check for the following amount:  iling Fee  \$30.00 Filing Fee &	Name of Limited Liability Company  I Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  ADINA CONSTANTINESCU  Name of Person  ADINA HOMES, LLC  Firm/Company  5311 N.E. 16th Terrace  Address  Fort Lauderdale, FL 33334  City/State and Zip Code  AdinaHomes@gmail.com  E-mail address: (to be used for future annual reinformation concerning this matter, please call:  antinescu  714  at ()  Name of Person  Area Code  Acheck for the following amount:  iling Fee  \$30.00 Filing Fee & Certified Copy	Name of Limited Liability Company  If Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  ADINA CONSTANTINESCU  Name of Person  ADINA HOMES, LLC  Firm/Company  5311 N.E. 16th Terrace  Address  Fort Lauderdale, FL 33334  City/State and Zip Code  AdinaHomes@gmail.com  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  antinescu  Name of Person  1

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

ADINA HOMES, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	<u>.                                      </u>
The Articles of Organization for this Limited Liability Con	mpany were filed on 07/07/2015	and assigned
Florida document number £15000116998		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE	<u></u>	THE STATE OF THE S
Enter new mailing address, if applicable:		1 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<b>—————</b>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	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>	<u>Address</u>	Type of Action
AMBR	Adina Contantinescu		Add
		5311 N.E. 16th Terr. Ft. Laud, FL 33334	Remove
			Change
AMBR ;	Adina Constantinescu, Trustee uad 05/04/2017, known as The ACONSTANT TRUST	5311 N.E. 16th Terr. Ft. Laud, FL <b>33334</b>	Add
			□ Remove
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n effective date is listed, the date	must be specific and cannot be prior to date of	of filing or more than 90 days after filing.) P	ursuant to 605.020
te: If the date inserted in th	s block does not meet the applicable stare Department of State's records.	tutory filing requirements, this date wi	Il not be listed a
cument's effective date on t	e Department of State's records.		
record execifies a del-	yed effective date, but not an e	ffoativa tima at 13:01 a.m. or	the earlier o
he 90th day after the		nective time, at 12.01 a.m. or	i tile callier t
May 4	2017		
	10/1/	$\Lambda$	
	Signature of a member or authorized re	presentative of a member	
	V.	-	

Page 3 of 3

Filing Fee: \$25.00