L15000157230

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
cus

Office Use Only



400285534734 LIS-157230 NC4Amend

05/09/16--01028--011 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 **30.00 *

MAY 11 2016 N. CAUSSEAUX

COVER LETTER

TO: Registration Se Division of Cor			
	INVESTMENTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KENT BJORKLUND		•
		Name of Person	
	RAYMOND RESEARCH,	LLC .	.•
	РО ВОХ 470775	Firm/Company	•
	CELEBRATION, FL 34	Address	
	KB@RAYMONDRESEARCH	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information of	concerning this matter, please co	all:	
KENT BJORKLUND		407 490-2772	
		at () Area Code Daytime 7	
Name o	of Person	Area Code Daytime	l'elephone Number
Enclosed is a check for t	he 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

DocuSign Envelope ID: D284CB9C-E67E-4B7E-857C-BDE76D192307 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SAITCH INVESTMENTS, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	سي حد	
The Articles of Organization for this Limited Liability Company L15000157230 Florida document number	were filed on and and and	med	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
REGAL HOMES AND DEVELOPMENTS, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "L.L.	C."	
Enter new principal offices address, if applicable:	395 MUIRFIELD LOOP		
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34747		
Enter new mailing address, if applicable:	PO BOX 470775		
(Mailing address MAY BE A POST OFFICE BOX)	CELEBRATION, FL 34747-0775		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		f the new	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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

DocuSign Envelope ID: D284CB9C-E67E-4B7E-857C-BDE76D192307
11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			□ Add
			Remove
			Change And And SS
			Remove Remove
			S Change O Add
		□ Remove	
			□ Change
			Remove
			Change
			Add
			Remove
			Change

		" · · · · · · · · · · · · · · · · · · ·
		<u> </u>
		<u> </u>
		ف يون
		Trop R
		DRAID OS
		46
ffec an e	ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) re than 90 days after filing.) Pursuant to 605.029
ote:	te: If the date inserted in this block does not meet the applicable statutory filing	requirements, this date will not be listed a
ocur	rument's effective date on the Department of State's records.	
	record energing a delayed affective date but and an effective til	ma at 12:01 a m an the sculley
	record specifies a delayed effective date, but not an effective tine 90th day after the record is filed.	ne, at 12.01 a.m. on the earner (
	03/05/2016	
atec	ad	bry:
	Jamil Sa	uitde
	Signature of a member or authorized representative of	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00