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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	AWARD FI	NEST HOMES LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	n all correspoi	ndence concerning this matter t	o the following:	
		TINA HAUGHIAM		
		AWARD FINEST HOME	Name of Person	
			Firm/Company	
		16847 CAGAN CROSSII SUITE 102-203	NGS BLVD	
		CLERMONT, FL 34714	Address	
		awardfi p esthomes@gmail	City/State and Zip Code	
			o be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please ca	ll:	
TINA HAU	GHIAN		407 4373472	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 I	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AWARD FINEST HOMES LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 09/23/2015	and assigned
Florida document number L15000162429		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	\$ 5 E
		in a in
		型 宝
Enter new mailing address, if applicable:		<u> Ф</u>
Mailing address MAY BE A POST OFFICE BOX)		500
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	.
	, Florida	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>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			D.Add C
			© Remove
			Change
			☐ Remove
			□ Change
			□ Remove
			□ Change

<u></u>	N NUMBER SHOULD BE 47-5161122
NC	DT 47-5131122
	
	
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'Maative	09/07/2018 e date, if other than the date of filing:(optional)
fan effect <u>Note:</u> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
	09/07/2018
	1 1 1 1

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00