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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #) ·
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COVER LETTER

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OUD ID CO	San Marino Estate Homes, LLC					
SUBJECT:	•	Name of Limited I	Liability Company	-		
The enclose	d Articles of	Amendment and fee(s) are submitte	ed for filing.			
Please return	all correspo	ndence concerning this matter to th	e following:			
		John Newton				
			Name of Person		-	
		San Marino Estate Homes, LLC	, ,			
			Firm/Company		_	
152 N. Harbor City Blvd. #200						
			Address		_	
		Melbourne, FL 32935			三三 一	
		Ci	ty/State and Zip Code		三百姓 🛓	m
		brenda@newtonland.com				==
		E-mail address: (to be	used for future annual report notifi	cation)	JUN 13 M RETARY OF ST AS ASSEE, FL	FILED
For further i	nformation c	oncerning this matter, please call:			11.01 8.01 8.00 11.01	<u></u>
Brenda Cor	liss		321 751-6850 at ()		三百五	
	Name o	f Person	Area Code Daytime	Telephone Numbe	r	
Enclosed is	a check for th	ne following amount:				
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & □ Certificate of Status	1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate 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

San Marino Estate Homes, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/30/2015 and assigned Florida document number ____L15000188696 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SanMar Homes, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida_ City

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
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ated	.7 , <u>2017</u> .		
_	Signature of a member or authorized representative	e of a member	
	/		
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Filing Fee: \$25.00