Udtto 10789

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SECRETARY OF STATES TALLAHASSEE, FLORIDA

COVER LETTER

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то:	Registration Sec Division of Corp				
CUD IE	ANTEQUE	RA HOMES LLC			
SUBJE	CI:	Name of Lim	ited Liability Company	·····	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspor	ndence concerning this matter	to the following:		
		MIGUEL A SAHAGUN			
			Name of Person		
		ANTEQUERA HOMES L	LC		
			Firm/Company		
		6334 SW 39TH. TER			
			Address		- AN
		MIAMI, FL 33155			5 OC
		1	City/State and Zip Code		16 OCT 24 PH 4: 07
	•	E-mail address: (to be used for future annual report notif	ication)	PH
For furtl	her information co	oncerning this matter, please c	all:		4: O
MIGUE	L A SAHAGUN		305 801-0988		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	e 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 enclose	
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerea.	n ations	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTEQUERA HOMES LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000010789}{L16000010789}$	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	
Enter new principal offices address, if applicable:	6334 SW 39TH. TER	6 0
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33155	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enter new mailing address, if applicable:	6334 SW 39TH. TER	PH 4: 07
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	, F	Florida Zip Code
	,r	

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

10 A

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 = M AMBR = A	Ianager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			1630CT
			□ Remove
			Change:
			Change:
			☐ Remove
			☐ Change
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ective date, if other than the effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	be specific and cannot ck does not meet the	be prior to date o applicable stat	`filing or more than 9	(optional) days after filing.) Pur ments, this date will	suant to 605.0207 not be listed as
record specifies a delayed ne 90th day after the reco		out not an ef	fective time, at	: 12:01 a.m. on t	the earlier of
OCTOBER 14	, 2016	· · · · · · · · · · · · · · · · · · ·			
Masy	\rightarrow				
- / Mary	Signature of a member	or authorized rep	resentative of a mem	ber	
1 /					

Page 3 of 3

Filing Fee: \$25.00