## L16000042499

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<del>.</del>		

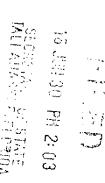
Office Use Only



600284870686



04/26/16--01029--006 \*\*25.00



J. HARRIE

## **COVER LETTER**

Division of Co			
SUBJECT:	Homes Pruden LLC	11.11.21	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert Craig		
		Name of Person	
	Next Era Homes Pruden Ll	LC	
		Firm/Company	
	3630 SW 6th Ave		
		Address	
	Cape Coral, FL 33914		
		City/State and Zip Code	
	craig.nextera@gmail.com		
		to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
Robert Craig		239 443-6584 at ()	
Namo	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fiting 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



April 29, 2016

ROBERT CRAIG 3630 SW 6TH AVE CAPE CORAL, FL 33914

SUBJECT: NEXT ERA HOMES PRUDEN, LLC

Ref. Number: L16000042499

We have received your document for NEXT ERA HOMES PRUDEN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document has not been complete. Please insert what changes are being made in the appropriate sections.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00008991

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Next Era Homes Pruden LLC					
( <u>Name of the Lim</u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed on 03/01/2016					
Florida document number L16000042499	<u> </u>				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :			
The new name must be distinguishable and contain the	words "Limited Liability Company," the				
Enter new principal offices address, if appli	cable:	76 B			
Principal office address MUST BE A STRE	ET ADDRESS)				
		<u> </u>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFIC <mark>I</mark>	MA				
B. If amending the registered agent and registered agent and/or the new registered		n our records, enter the name of th			
Name of New Registered Agent:	Next Era Development Naples L	LC			
New Registered Office Address:	3630 SW 6th Ave				
	Enter Flo	orida street address			
	Cape Coral	, Florida <sup>33914</sup>			
	City	Zip Code			

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

11 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
MGR	Midland IRA Adam Pruden	3630 SW 6th Ave	
		Cape Coral, FL 33914	Remove
			☐ Change
AMBR	Midland IRA INC FBO	3630 SW 6th Ave	■ Add
		Cape Coral, FL 33914	☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Remove
			Change
			Remove
			□ Change
			☐ Remove
			☐ Change

						<del>_</del>				
_			· · ·					· · · · · · · · · · · · · · · · · · ·		
		<del></del>		<del></del>						
<del></del>		<del></del>								
		<del></del>	<del></del>					······································		
		<del></del>				<del></del>				
_				, <u>-</u>						
_										
			<del></del>							
					······································		·····	····		
_						, <u> </u>			····	
<del></del> -									<del></del>	
					<del></del>			-		
	<del></del>		·						····	
fectiv	e date, if othe	r than the date	e of filing	g:		<u></u>	(ot	otional)		
an effec ote: If	tive date is listed. I the date insert	, the date must be s ed in this block o	specific and does not n	cannot be pri neet the app	or to date of ti licable statut	ling or more thory filing req	ian 90 days al juirements, 1	fter filing.) [ this date w	usuant to ill not be	3 605.0 : listed
		ite on the Depart								
. wc ==	und ama aifi c =	a dala:	faatlija -	lata but -	nat an affa	otivo timo	5+ 10±0°	1 2 m 2	a tha a	arlion
		a delayed effer the record		iace, DUC I	ior an ene	cuve ume	, αι 12:0.	ı a,III, VI	i uie e	ai ner
	-1							57.0	· . 44%	
	66	201	·		17				ው የ	
ated _				$\times$					Ē	:
ated	, I	i		/ >	\ /		. And the Control of		3	
ated		Sion	ature of a	nember or an	thorized repre	Sentative of a	member	<del></del>		_
ated		Sign	nature of a i	nember or au	thorized repre	sentative of a	member		72	

Page 3 of 3

Filing Fee: \$25.00