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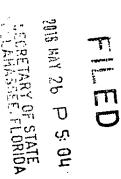
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COVER LETTER

	egistration Sec vision of Corp			
SUBJECT	Jeffrey Laug	hern P.A. LLC		
SUBJECT	•	Name of Limi	ted Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retui	n all correspon	dence concerning this matter	to the following:	
		Nancy Luna		
		-	Name of Person	
		Rocket Lawyer		
		-	Firm/Company	
		5850 Granite Parkway, Sui	ite 215	
			Address	
		Plano, TX 75024		
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notific	cation)
For further	information co	ncerning this matter, please ca	all:	
Nancy Lur			818 967-1467 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	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 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

Jeffrey Laughern P.A. 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 $\frac{03/10/2016}{1}$ and assigned Florida document number L16000050013 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Elite Homes of the Treasure Coast, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 100 SW Albany Ave Suite: 110-7 Enter new principal offices address, if applicable: Stuart, FL 34994 (Principal office address MUST BE A STREET ADDRESS) 100 SW Albany Ave Suite: 110-7 Enter new mailing address, if applicable: Stuart, FL 34994 (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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
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			Remove
			☐ Change
			□ Add
			□ Remove
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ffective date, if other the an effective date is listed, the Note: If the date inserted in locument's effective date of	this block does t	not meet the appli	cable statutory filing	(op t ore than 90 days aft g requirements, th	tional) er filing.) Pursuant to nis date will not be	605.0207 listed as
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May 20		2016				
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	Signature	of member or and	norized representative	of a member	福世	- American I
Jeffrey Laughre		of member or assi	norized representative	of a member	海 以 P	İ

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Filing Fee: \$25.00