## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address: kathy@apiprocessing.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDGEWATER HOME BUILDERS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDGI	EWATER HOME BUILDERS LL	C	<b>&gt;</b>	4°2.=
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	<b></b>	;.( :•••
The Articles of Organization for this Limited Liab Florida document numberL16000102768		1441/02/0017	 and ussign	ed
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability company he	ere:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the c	designation "LLC" or the abbre	eviation "L.L.C	•
Enter new principal offices address, if applicah	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
				<u>_</u>
Enter new mailing address, if applicable:				<del></del>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>		
	·			
B. If amending the registered agent and/or reg agent and/or the new registered office address		ecords, <u>enter the name o</u>	of the new re	gistered
Name of New Registered Agent:		·		
New Registered Office Address:	Enter Flor	ida strvet address		
		Florida		

## 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 heing 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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>	Name	Address	Type of Action
MGR	ROBERT MELO	\$685 ENGLISH OAKS LANE	≡Aċd
		NAPLES, FL 34119	□Remove
			□ Change
MGR	JUNE SMITH	5685 ENGLISH OAKS LANE	■ Add
		NAPLES, FL 34119	Remove
		<del></del>	Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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			□Remove
			□ Change

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D. If amending any other information, enter change(s) here: (Attach ac		
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	: 2	÷ <del>.</del>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) 12 or more than 90 days after filing.) Pursuant to 605,0207 ( 25 filing requirements, this date will not be listed as 6	(3Xb) lie
If the record specifies a delayed effective date, but not an effective time, at 12:01 record is filed.	a.m. on the earlier of: (b) The 90th day after the	
Dated 12/2=/23  100 Constitute of a thember or authorized represe	nlative of a member	
GEORGE W. SMITH		•

Typud or printed name of signed