LICOCOTT BHO

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:		istration Se ision of Cor		
		Strata Hom	es, LLC	
SUBJE	.C T:		Name	ne of Limited Liability Company
The enc	rlosec	l Articles of	Amendment and fee(s)	are submitted for filing.
Please r	eturn	all correspo	ndence concerning this	s matter to the following:
			Chris T. Feamster	
			0	Name of Person
			Strata Homes, LLC	Firm Company
			1930 N. Donnelly S	 Street
				Address
			Mount Dora, Fl 321	
			accounting@stratafl.	.com
For furt	her ir	iformation co	E-mail ad oncerning this matter, p	ddress: (to be used for future annual report notification)
Taylor			-	352 254-5241 at ()
		Name of	Person	Area Code Daytime Telephone Number
Enclose	d is a	check for th	e following amount:	
□ \$ 25	.00 F	iling Fee	■ \$30.00 Filing Fee Certificate of Sta	e & S55.00 Filing Fee & S60.00 Filing Fee, tatus Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. Be	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, 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

Strata Homes, LLC		
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited	 	and assigned
Florida document number L16000117840	<u> </u>	
This amendment is submitted to amend the fo	 lowing: 	
A TO III		
A. If amending name, enter the new name	of the limited hability company nere:	
The new name must be distinguishable and contain the	l	Will City and the second second second second
The new name must be distinguishable and contain the	words Ellinged Elability Company, the designation	TLLC or the abbre parion E.L.C. SEP C: 8 PM 22 18
Enter new principal offices address, if appli	 cubles	SEP SEP
Enter new principal offices address, it appli		6-5
(Principal office address MUST BE A STRE	ET ADDRESS)	
<u> </u>		9 1.
		; ?:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX	•
Total Control		
B. If amending the registered agent and	 	eards antar the name of the now
registered agent and/or the new registered of		cords, enter the name of the new
registered agent and/or the new registered t	ii	
Name of New Registered Agent:	Tracy Feamster	
Name of New Negistered Agent.		 _
Name Domintonal Office Addresses	1930 N. Donnelly Street	
New Registered Office Address:	Enter Florida street	
	Enter Fibrial street	udaress
	. Mount Dora	Florida ³²⁷⁵⁷
	Ciry	Zip Code
	·	vap com
New Registered Agent's Signature, if changing	Registered Agent:	
I be a second of the second of		
Thereby accept the appointment as register		
provisions of all statutes relative to the pro-	per and complete performance of my duti	es, and I am familiar with and
accept the obligations of my position as reg	istered 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 confit	605, F.S. Or, if this document is methat the limited liability
accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	registered office address, I hereby confit	605, F.S. Or, if this document is method the limited liability
heing filed to merely reflect a change in the	registered office address, I hereby confit	605, F.S. Or, if this document is muthat the limited liability
heing filed to merely reflect a change in the	registered office address, I hereby confit	605, F.S. Or, if this document is m that the limited liability
heing filed to merely reflect a change in the	registered office address, I hereby confit	605, F.S. Or, if this document is m that the limited liability and the limited liability

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		
AMBR	Sonne, Marvin	100 W 5th Avenue			
		Mt. Dora, FL 32757	■ Remove		
			Change		
			O Add		
			□ Remove		
			Change		
			- SE T		
			SEP 10 Remove Change		
			□ Add 2		
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			Change		
			□ Remove		
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D. If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
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	P. 12: 5
	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) it meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective b) The 90th day after the record is file	e date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated September 13	2017
Child I	
Signature of	f a member or authorized representative of a member
Chris T. Feamster	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00