## 116000164215

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE		N VALLEY HOMES, LLC		
3012	<u> </u>	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		MICHAEL O'HALLORAI	N	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		SOUTHERN VALLEY H	OMES, LLC	
		<del>-</del>	Firm/Company	
		3268 COMMERCIAL WA	ΛY	
			Address	
		SPRING HILL, FL 34606		
			City/State and Zip Code	
		MOHALLORANJR@GMA		<del></del>
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please co	all:	
MICHA	EL O'HALLOR	AN	352 584-9825	
	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 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

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the new name of the limited liability company here:  3268 COMMERCIAL WAY  SPRING HILL, FL 34606	SOUTHERN VALLEY HOMES, LLC		
Florida document number L16000164215  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (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 Office Address:	(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (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	The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (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 office address here:  Name of New Registered Agent:  New Registered Office Address:			
Enter new principal offices address, if applicable:  SPRING HILL, FL 34606  Enter new mailing address, if applicable:  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 New Registered Agent:  New Registered Office Address:	This amendment is submitted to amend the following:		
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Enter new mailing address, if applicable:  (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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter new principal offices address, if applicable:	3268 COMMERCIAL WAY	
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Name of New Registered Agent:  New Registered Office Address:		.00	
New Registered Office Address:	<ol><li>It amending the registered agent and/or registered of registered agent and/or the new registered office address here</li></ol>	onice address on our records, <u>s</u> re:	entersine name or the n
New Registered Office Address:			<b>&gt;</b>
New Registered Office Address:  Enter Florida street address	Name of New Registered Agent:		
Enter Florida street address	New Registered Office Address:		
		Enter Florida street address	
	——————————————————————————————————————		da

## 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
MGRM	O&S CAPITAL ENTERPRISES, I	3268 COMMERCIAL WAY			
		SPRING HILL, FL 34606			■ Remove
					Change
AMBR	JOHN F. SIRVENT IV	3268 COMMERCIAL WAY			■ Add
		SPRING HILL, FL 34606			Remove
					Change
AMBR	MICHAEL PETER O'HALLORAN	12157 BUCKINGHAM WAY			Add
		SPRING HILL, FL 34609		<del></del>	□ Remove
				·65	Change
AMBR	MARK KUNDRAT	5471 CIRCLE DRIVE	HASS	112 AOM	<u></u>
		WEEKI WACHEE, FL 34607	EE FL	<b>P</b>	Remove
			ORIUA	<u>2</u>	■ Change
					Add
					Remove
					Change
				****	□ Add
		<u> </u>			□ Remove
					☐ Change

AND MICHAEL PETER O'HALLORAN JR. AS AUTHORIZED ME	EMBERS. ALSO PLEASE CORRECT
THE ADDRESS TYPOS FOR MARK KUNDRAT AMBR (WEEKI V	WACHEE, CURRENT ENTRY SAYS
WEEK WACHEE) AND THE ADDRESS TYPO FOR COMMERCIA	AL WAY (ENTRY SAYS
COMMVERCIAL WAY).	
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing  ee: If the date inserted in this block does not meet the applicable statutory  ument's effective date on the Department of State's records.	(optional)  ng or more than 90 days after filing.) Pursuant to 605.02  y filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ted NOVEMBER 18 , 2016 .	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00