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YOUNG KER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTHERN VALLEY HOMES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL O'HALLORAN

Name of Person

SOUTHERN VALLEY HOMES, LLC

Firm/Company

3268 COMMERCIAL WAY

Address

SPRING HILL, FL 34606

City/State and Zip Code

MOHALLORANJR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL O'HALLORAN

352 584-9825
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	O&S CAPITAL ENTERPRISES, L	3268 COMMERCIAL WAY	<input type="checkbox"/> Add
		SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN F. SIRVENT IV	3268 COMMERCIAL WAY	<input checked="" type="checkbox"/> Add
		SPRING HILL, FL 34606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL PETER O'HALLORAN	12157 BUCKINGHAM WAY	<input checked="" type="checkbox"/> Add
		SPRING HILL, FL 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARK KUNDRAT	5471 CIRCLE DRIVE	<input type="checkbox"/> Add
		WEEKI WACHEE, FL 34607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE REMOVE O&S CAPITAL ENTERPRISES AS MGRM AND REPLACE WITH JOHN F. SIRVENT IV
AND MICHAEL PETER O'HALLORAN JR. AS AUTHORIZED MEMBERS. ALSO PLEASE CORRECT
THE ADDRESS TYPOS FOR MARK KUNDRAT AMBR (WEEKI WACHEE, CURRENT ENTRY SAYS
WEEK WACHEE) AND THE ADDRESS TYPO FOR COMMERCIAL WAY (ENTRY SAYS
COMMVERCIAL WAY).

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

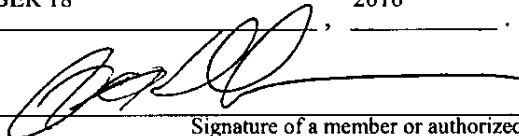
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 18, 2016



Signature of a member or authorized representative of a member

MICHAEL PETER O'HALLORAN JR. - ON BEHALF OF O&S CAPITAL ENTERPRISES, LLC

Typed or printed name of signee