L16000164215

(Requestor's Name)
(Address)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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D. SCOTT SEP 1 2017

COVER LETTER

	tration Sec on of Corp				
S	outhern Va	lley Homes LLC			
SUBJECT: _					
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return al	ll correspon	idence concerning this matter	to the following:		
		Michael O'Halloran			
Name of Person					
Southern Valley Homes LLC					
	Firn/Company				
	6501 County Line Road				
	Address				
		Spring Hill, FL 34609			
	City/State and Zip Code				
		mike@southernvalleyhome			
For further info	ormation co	neerning this matter, please ca	to be used for future annual report no	inication)	
Michael O'Hal	loran		352 584-9825 at ()		:
	Name of	Person	Area Code Daytir	ne Telephone Number	
Enclosed is a cl	heck for the	e following amount:			
□ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

Southern Valley Homes LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears on our recor Liability Company)	rds.)	
The Articles of Organization for this Limited I Florida document number L16000164215		were filed on 09/01/2016	and assigned	
This amendment is submitted to amend the fol				
A. If amending name, enter the new name	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	6501 County Line Road		
Principal office address MUST BE A STRE		Spring Hill, FL 34606		
Enter new mailing address, if applicable:		6501 County Line Road		
Mailing address MAY BE A POST OFFICE	E BOX)	Spring Hill, FL 34606		
B. If amending the registered agent and registered agent and/or the new registered of			ds, enter the name of the	
Name of New Registered Agent:	John F. Sirvent	IV	÷	
New Registered Office Address:	6501 County L	ine Road		
		Enter Florida street addr	ess	
	Spring Hill		Florida 34606	
		City	Zip Code	

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

Page 1 of 3

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	Mark Kundrat	5471 Circle Drive	
		Weeki Wachee Florida 34607	■ Remove
			Change
			
			Remove
	***************************************		Add
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ın effe ote: İ	re date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not not's effective date on the Department of State's records.	it to 605.020 be listed a
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier o
ited _	28" Day of Avant. 2017.	
	Signature of a member or authorized representative of a member	·

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Filing Fee: \$25.00