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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp						
		SPENCE LUX	KURY HOMES, LLC				
SUBJ	ЕСТ:	Name of Limi	Name of Limited Liability Company				
		Amendment and fee(s) are subr					
			JANNETT E. SPENCE				
			Name of Person				
			Firm/Company				
18		184	59 Pines Boulevard, Suit	te 193			IAC Of
			Address				L AF
		Per	nbroke Pines, Florida 330	29		16 OCT 20	AHASSEE, FLORIDA
			City/State and Zip Code				'n
			JannettSpence@gmail.com			£	
	E-mail address: (to be used for future annual report notification)				00 th Wd	(C) C)	
For fu	rther information o	oncerning this matter, please ca	ill:				٠.
	JANNETT E. S	SPENCE	786	262-0207			
	Name o	f Person	at () Area Code	Daytime Telephone	Number		
Encto	sed is a check for th	ne following amount:					
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) (60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed		
	MAIL	ING ADDRESS:		COURIER ADDI	RESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPENCE LUXURY	= : ::			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on or Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL16000170768	were filed on Septemb	er 15, 2016	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
SPENCE LUXURY HOMES, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designate	tion "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:	18459 Pines Boulevar	rd, Suite 193	SET SET	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, Florida 33029		80 A	
			- 2 - 2 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	
Enter new mailing address, if applicable:	18459 Pines Boulevar	rd, Suite 193	PM I	
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines, Florida 332029		<u> </u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		records, enter	the name of the new	
Name of New Registered Agent:	JANNETT E. SPENCE			
New Registered Office Address:	1900 N. University Drive, Suite 203			
	Enter Florida str	eet address		
	Pembroke Pines	, Florida	33024	
	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

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		
			Add		
			Remove		
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☐ Change

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 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.	D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Dated	If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier of	F :
	Dated	October 13, 2016.		
		Joret & April	_	
Signature of a member of authorized representative of a member JANNETT E. SPENCE		<i>,</i>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00