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## **COYER LETTER**

Div	ision of Cor	porations			
SUBJECT:	Schumer He	omes, LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Eric L. Haynes			
			Name of Person		
			Firm/Company		
140 S. University Drive, Suite E					
			Address	***************************************	
		Plantation, FL 33324		78.01	Principality
		elhaynes06@hotmail.com	City/State and Zip Code	POLY I	राज्य वर्ति सम्बद्धाः
		E-mail address: (	to be used for future annual report notific	cation)	
For further is	nformation co	oncerning this matter, please ca	all:		in the second
Eric L. Hayr			954 444-6794 at ()	<u> </u>	
	Name of	FPerson	Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:			
<b>■</b> \$25.00 F	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:

TO:

**Registration Section** 

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

SCHUMER HOMES, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on December 28, 2016	and assigned
Florida document number L16000232878		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Schumer Development Manager, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
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Enter new mailing address, if applicable:	e 15 November 19 November 19	
(Mailing address MAY BE A POST OFFICE BOX)		entropies 
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B. If amending the registered agent and/or registere	ed office address on our records. ente	the name of the ne
registered agent and/or the new registered office address		£- ω
		CTI
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Effective date, if other If an effective date is listed, the Note: If the date inserted document's effective date	he date must be specif I in this block does	fic and cannot be pri not meet the appl	icable statutory fi	more than 90 days aft	tional) er filing.) Pursua nis date will no	ant to 605.020 ot be listed a
he record specifies a The 90th day after	delayed effect the record is f	ive date, but r iled.	ot an effective	e time, at 12:01	a.m. on th	e earlier o
		2018				
Dated May 1						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00