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(Requestor's Name) (Address) (Address)	700303578947
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TO: Registration Section Division of Corport	
SUBJECT: <u>LOT</u>	140 Homeland LLC Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	Linda Manfre Name of Person
	Magellan Group Investments
	6530 W Rogers Circle Ste 33
	Boca Raton FL 33487
-	E-mail address: (to be used for future annual opport notification) P. net

For further information concerning this matter, please call:

at (<u>561</u>) <u>266-0845</u> Area Code Daytime Telephone Number nda Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF
( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $2 - 27 - 17$ and assigned Florida document number $117000046179$
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> : LOT 140 HOME Stead LLC
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 agent and/or the new registered office address here:

Name of New Registered Agent:		IV		
New Registered Office Address:			S	
	Enter Florida street address	21	<u>_</u> Lb	• 1
	Florida	INRY ASSE	25	s Sterman f <sup>la</sup> id sty
	City		p <b>er</b> ode	
New Registered Agent's Signature, if changing Registered Agent:		올는	2	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further  $\overline{agree}$   $\overline{agree}$ 

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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
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D. If amer	nding any other	information.	enter change(s) here:	(Attach additional sheet.	s, if necessary.)
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## 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 tiling.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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 _	9-21-17
	Signature of a member or authorized representative of a member
	Robert G: Fessler
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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