L17000140827

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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SECRETARY OF STATE

N COOPER APR 02 2018

COVER LETTER

	vision of Corp			
SUBJECT:		EAM HOMES LLC		
SOBJEC1.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		RAQUEL VARGAS		
			Name of Person	
		VARGAS TEAM HOMES	SLLC	
			Firm/Company	
		6917 NARCOOSSEE RD.	SUITE 728	
			Address	
		ORLANDO FL 32822		
			City/State and Zip Code	
		INFO@VARGASTEAM.N		
		E-mail address: (t	to be used for future annual report notifi	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
RAQUEL V	VARGAS		407 557-2150 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$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:

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

VARGAS TEAM HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liabilit	/ Compa	pany)	
The Articles of Organization for this Limited Liability Company were Florida document number L17000140827	filed o	on <u>06/29/2017</u>	and assigned
Tiorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	ompan	nny here:	
The new name must be distinguishable and contain the words "Limited Liability Co	npany,"	"the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			SE S
			CREI LAH HAR
Enter new mailing address, if applicable:			AS IAR
(Mailing address MAY BE A POST OFFICE BOX)			Y O
<u></u>			
			# REA
B. If amending the registered agent and/or registered office are registered agent and/or the new registered office address here:	ddres	ss on our records, enter the	he name of the sew
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	ter Florida street address	
		, Florida	
	ity		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
AMBR	ERWIN VARGAS	6917 NARCOOSSEE RD SUITE 7	_ Add
		ORLANDO FL 32822	☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			D Add
			Remove
			Change
			Remove
			Change
			□ Add
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			☐ Remove
			□ Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	(optional) le of filing or more than 90 days after filing.) Pursuant to 605.03 statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ed 03/26/2018 Roll Signature of a member or authorized	
Signature of a member or authorized	representative of a member

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Filing Fee: \$25.00