

L17 000144676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

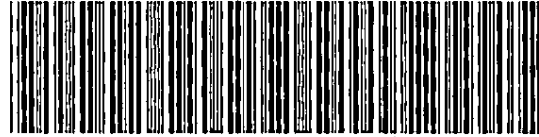
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900305013099

10/30/17--01023--005 **180.00

[Signature]
11/1/17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT 30 AM 1:47

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JCHR Homes, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colleen Bolena

Name of Person

Emerson International, Inc.

Firm/Company

370 CenterPointe Circle, Suite 1136

Address

Altamonte Springs, FL 32701

City/State and Zip Code

cbolena@emerson-us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Bolena

407 767-4023
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

JCHR Homes, LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 5, 2017 and assigned
Florida document number L17000144676.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

FILED
OCT 30 AM 1:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Bill Rodwell	19618 Champion Circle	<input type="checkbox"/> Add
		Gulfport, MS 39503	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	A Touch of Class MS, LLC	19618 Champion Circle	<input checked="" type="checkbox"/> Add
		Gulfport, MS 39503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
V	Jonathan Claber	370 CenterPointe Circle	<input type="checkbox"/> Add
		Suite 1136	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Change
V	Robert T Huston II	370 CenterPointe Circle	<input type="checkbox"/> Add
		Suite 1136	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Change
TS	Rebecca L. Armagnac	19618 Champion Circle	<input type="checkbox"/> Add
		Gulfport, MS 39503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

17 OCT 30 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

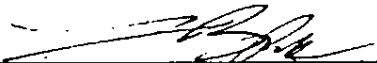
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated October 27, 2017



Signature of a member or authorized representative of a member

Lawrence B. Roth, as Vice President +

Typed or printed name of signee

General Counsel