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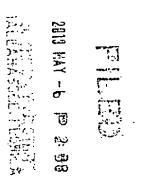
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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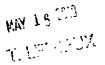




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COVER LETTER

TO:	Registration Se Division of Cor			•
0110.112	SPEC HON			
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		PATRICK DURIEUX		
			Name of Person	
		SPEC HOMES, LLC		
			Firm/Company	
		854 SE 41st ST		
			Address	
		Cape Coral, Fl 33904		
		traboul@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furtl	ner information c	oncerning this matter, please ca	nil:	
Patrick	Durieux		239 247-1051	
	Name o	f Person	at ()	: Telephone Number
Enclose	d is a check for th	he 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, F1, 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



SPEC HOMES, LLC

(Name of the Limited Liability Company as it now appears on our All 1871 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Conference of Organization for this Liability Conference of Organization for Organization for the Organization for	ompany were filed on 07/13/2017 (1987)	AHA SUECTI Hind assigned	
This amendment is submitted to amend the following:	<u>_</u> .	•	
Ç			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addressed Name of New Registered Agent:	ered office address on our record ess here:		
New Registered Office Address:	Enter Florida street addres	NS	
·	, F1	orida	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, ar ent as provided for in Chapter 605,	nd Lam familiar with and F.S. Or, if this document is	
	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

Title	Name	Address	Type of Action
AMBR	MICHELE CAULIER	854 SE 41st ST Cape Coral, FI 33904	Add
			■ Remove
AMBR	MICHEL BRULHART	854 SE 41st ST Cape Coral, F1	□ Change
		33904	∃ Add
			□ Remove
			Change
			D Add
			☐ Remove
			□ Change
			Add
			Remove
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Man effective Note: If the	e date is listed, the d e date inserted in	an the date of filing the must be specific and this block does not a the Department of the Department	id cannot be prior t meet the applica	o date of filing or m	ore than 90 days affe	r filing) Pursuant to 6	05.0207 (sted as t
ne record The 90t	specifies a de h day after th	elayed effective of the control of t	date, but not	an effective t	ime, at 12:01	a.m. on the ear	lier of
Dated MA	Y 02		2019	_ ·			
			16	rized representative	O		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00