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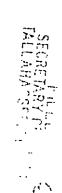




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COVER LETTER

Division of Corporations
SUBJECT: LEE FERNANDEY HOMES U.C.
SUBJECT: 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:
Elido FERNANDEL, JR.
LEE FERNANDER HOMES LLC.
3804 ESPANAGE CT.
Addice
TAMPA F1 33618
City/State and Zip Code City/State and Zip Code LEE © LEE FER NANDEN COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elido FERNANDEZ, JZ. at (813), 309 1045 Name of Person Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed: \$\Bigcup \$30.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certified Copy tadditional 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

LEE FER NAND	EZ Homes L.L.C.	
	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	ipany were filed on $\frac{810/2017}{9}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Hability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	17	ا رن:
(Principal office address MUST BE A STREET ADDRES	<u>ss</u>) <u> </u>	2
	2 3	됐-; :학교
Enter new mailing address, if applicable:	55 T	7. 7.
(Mailing address MAY BE A POST OFFICE BOX)	2	<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	red office address on our records, enter the name of th	
Name of New Registered Agent:	RNAN DEZ, ELIDO, JR.	
New Registered Office Address:	Enter Florida street address	
	, Florida	

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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			Remove
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ffective date, if other tha	n the date of filing:	(optional)	to 605 020
ote: If the date inserted in	his block does not meet the applicable statutory:		
cament's effective date on	the Department of State's records.		
	ayed effective date, but not an effective	ve time, at 12:01 a.m. on the	earlier (
The 90th day after th	e record is filed.		
ated 11/2A/Z	017		
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	Signature of a member of authorized representa	tive of a member	

Page 3 of 3

Filing Fee: \$25.00