117000181068

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09/20/17--01008--014 **25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILING CANCELLED **OF**

RETURNED CHECK

EMPIRE HOMES OF SWFL, LLC.		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our red la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (L17000181068 Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	D SE TI
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable:	mited Liability Company," the designation "	LLC" or the abbreviation Pol., C."
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, 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

FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JORDAN JONES	1619 NORTH GATOR CIRCLE	
		CAPE CORAL, FL 33909	■ Remove
			☐ Change
	<u> </u>		Add
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Tective date, if other than the date on effective date is listed, the date must be spoote: If the date inserted in this block document's effective date on the Department.	cific and cannot be prior to date of filing or es not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed
record specifies a delayed effe The 90th day after the record is	tive date, but not an effective filed.	e time, at 12:01 a.m. on the earlier
September 17th	Z017.	

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Filing Fee: \$25.00