## L17000333935

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only/Otole/Zip/) Holie "/				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





900305208539

11/07/17 -- 01005 -- 017 \*\* 25.00

17 NOV -6 AM ID: 41
Shoad days of Shall

S. WARREN NOV 07 2017

## **COVER LETTER**

TO:	Registration Security Division of Cor	ction porations * *	* **	<i>:</i>	•	r <u>.</u>
SUBJE	NEM Home	es, LLC			••	
SUBJE	CI	Name of Lin	mited Liability Co	праву	····	
The enc	losed Articles of	Amendment and fee(s) are su	bmitted for filing	<u>.</u> .		
Please re	eturn all correspo	ndence concerning this matte	r to the following	<u>;</u> :		
		Ayesha Chidolue, Esq.				
			Name of l	Person		
		The Chidolue Law Firm.	PLLC			
			Firm/Cor	npany		
		1540 International Pkwy,	Suite 2000			
			Addre	SS	<del>.</del> ,,	
		Lake Mary, FL 32746				
			City/State and	Zip Code		
		ayesha@chidoluelaw.com				
		E-mail address:	(to be used for fut	ure annual report noti	ification)	
For furtl	her information co	oncerning this matter, please	call:			
Ayesha	Chidolue, Esq.		407 at (			
	Name of	Person	at (at (	Code Daytim	ne Telephone Number	
Enclose	d is a check for th	e following amount:				
<b>■</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Statüs	□ \$55.00 F Certifiec (additiona		□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &

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

NEM Homes, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compa	iny were filed on October 30th, 2017	and assigned
lorida document number L17000223935		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
nter new mailing address, if applicable:		<u> </u>
Aailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered	office address on our records, eni	er the name of the
gistered agent and/or the new registered office address h	ere:	the name of the
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street address	
		Zip Code

## <u>N</u>

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 dubility 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hadevi Kadiwar	2801 Diamond Road, Titusville, Fl.	
		32796	🗆 Remove
			≅ Change
<del></del>			Add
			Remove
			Change
	<del>-</del>		D Add
			Remove
			Change
		-	Add
			□ Remove
			Change
<del></del>	<del></del>		
			Remove
			55 6 E
			FLORDA Remove
			Change

O. If amending any other information, enter change(s) here:	(Anach adamonal sneets, y necessary.)
	<del></del>
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
Fee at the death of the control of t	
(If an effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to o   Note: If the date inserted in this block does not meet the applicabl document's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(e statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not a  ) The 90th day after the record is filed.	
Dated $10/30/2017$ .	ed representative of a member
Signature of a member or authorize	THE T
Signature of a member or authorize	ed representative of a member
Ayesha Chidolue	高兰 <b>生</b>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00