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K. SALY

COVER LETTER

Division of Cor					
JMA CUST	OM HOMES, LLC				
,	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JOSEPH C. WASCH				
		Name of Person			
	WASCH RAINES, LLP				
	Firm/Company				
	2500 N. MILITARY TRAIL, SUITE 100				
		Address			
	BOCA RATON, FL 33431	I			
	jwasch@waschraines.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please ca	all:			
Joseph C. Wasch		561 693-3231			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne 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)		

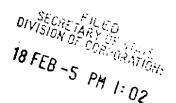
MAILING ADDRESS:

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



JMA CUSTOM 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 Janaury 9, 2018	and assigned
Florida document number 1.18000007753	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
JMA SIGNATURE HOMES, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address;	Enter Florida street address	
	Flori	do
	City	da
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duties, and agent as provided for in Chapter 605, F.3 red office address, I hereby confirm that i	I am familiar with and 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 on removed from our records: $O(V_{IS}^{SCURE})_{IS}^{FRUCE} = 0$ Manager

MGR = Manager AMBR = Authorized Member		DIVISION OF CORPORATIONS 18 FEB. —			
<u>Title</u>	<u>Name</u>	18 FEB -5 PM 1:03	Type of Action		
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			☐ Remove		
			☐ Change		
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. Effectiv	e date, if other than th	e date of filing	g:			(optional)	
Note: I	tive date is listed, the date me f the date inserted in this nt's effective date on the	block does not n	neet the applica	able statutory filit			
	and enacifies a delay			t an effective	time, at 12	!:01 a.m. o	n the earlier of:
	Ooth day after the re	cord is filed.					
b) The 9		ecord is filed.	2018				
b) The 9	90th day after the re	ecord is filed.					
b) The 9	90th day after the re	N	2018	· prized representativ	e of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00