

L18 0000 536 78

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : BARBOSA LEGAL
 Account Number : 120110000049
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CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RENEWALS@BARBOSALEGAL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EG2 HOMES LLC

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T. CLINE
DEC 11 2018
EXAMINER

2018 DEC 10 PM 4:20

H180003501643

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EG2 HOMES LLC
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:

Bruna Barbosa
Name of Person
Barbosa Legal
Firm/Company
407 Lincoln Road PH-NE
Address
Miami Beach, FL 33139
City/State and Zip Code
renewals@barbosalegal.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301
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For further information concerning this matter, please call:

Bruna Barbosa at **(305) 501-4680**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

H180003501843

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EG2 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 03/02/2018 and assigned Florida document number L18000053678

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

432 Como Avenue
Coral Gables, FL 33146

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ALL AMENDMENTS TO FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

432 Como Avenue

Enter Florida street address

Coral Gables

City

Florida 33146

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

H180003501843

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CESAR, ALEXANDRE	432 Como Avenue	<input type="checkbox"/> Add
		Coral Gables, FL	<input type="checkbox"/> Remove
		33146	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

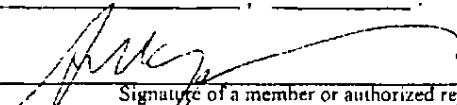
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 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

H18C003501843

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 21, 2018



Signature of a member or authorized representative of a member

Alexandre Cesar

Typed or printed name of signee

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA