# 1180000 70872

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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: LIBER	ry Homes De Name of Limi	SIGN AND BUILT ted Liability Company	S GROUP LLC
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	RYAN	PAYNE Name of Person	
	CIRPRHY HO	MES DESIGN AND R	wild GROPLIC,
	4170 WATER	RELID WAY	
	SAINT Clour	S FL 347 City/State and Zip Code	71
	RYMPAYNE E-mail address: (1)	O be used for future annual report notific	cation)
For further information cond	erning this matter, please ca	11:	
RyAN PA	JNE	at (407) 1034 - Daytime	- \$282 Telephone Number
Enclosed is a check for the f	ollowing 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)
MAILIN	G ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIBERTY HOMES DESIGN AND BUILD GROUP LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 03/19/ Florida document number L18000070872	
This amendment is submitted to amend the following: REMOVE JE	SHAND SACICO
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designment of the new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	nation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here:	ir records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	JOHNNY JALILO	6170 WATERFIELD WAY	
		SAINT CLOUD, FL 34771	■ Remove
			Change
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antina data ifathanthan	the date of filing:		(1)	
effective date is listed, the date e: If the date inserted in th	must be specific and cannot be pri	ior to date of filing or more licable statutory filing r	(optional) than 90 days after filing.) Pursuant to equirements, this date will not be	o 605.020° : listed as
record specifies a dela he 90th day after the	yed effective date, but record is filed.	not an effective tin	ne, at 12:01 a.m. on the ea	arlier o
ed	2019			
		- <u></u>		
NOW	Signature of a member or au			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00