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COVER LETTER

TO: Registration Section Division of Corporations	~
SUBJECT: Artisans Custom Harries UC Name of Limited Liability Company	<u></u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Amber Todo Name of Person	
Artisans Custom Homes.	LLC
18501 Green Meadow	Rd.
Fort Myers FL 33913 City/State and Zip Code)
City state and zip code City state and zip code	
For further information concerning this matter, please call:	La A
Amber Tobb at (239) 87 Name of Person Area Code Days	time Telephone Number
Enclosed is a check for the following amount:	
	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COU	RIER 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

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<u>Artisans l'usta</u>	om Homes LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 4 20 18	and assigned
Florida document number <u>L18000 1511 p0 4</u>		
Prorida document number C10000 13 1 [100-	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the a	bbreviation "L.LC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
	-	
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the new
		28
Name of New Registered Agent:		
		2 2
New Registered Office Address:	Enter Florida street address	 ∞ 1
	, Florida	Zig Gode W
New Registered Agent's Signature, if changing Registered	I Agent:	22 m
		

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

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> Address Vito Ciaramitaro 21446 Sheridan Run MGR □ Add Estero FL 33928 ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add __ Remove JAH 2.8 Pr LJ∹∆dd ☐ Kemov**E** ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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lt an eff <u>Note:</u>	ive date, if other than the date of filing: 12519 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	Jan 25 . 2019.
	Amber A Soud
	Signature of a member or authorized representative of a member
	Amber A Jobb Typed or printed name of signee

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Filing Fee: \$25.00