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## **COVER LETTER**

TO: Registration Division of C					
FSV Hon	nes, LLC				
	Name of Lim	Name of Limited Liability Company			
	of Amendment and fee(s) are sub				
Please return all corres	pondence concerning this matter  Clark A. Stillwell	to the following:			
		Name of Person			
	Law Office of Clark A. Sti	illwell			
	320 US Highway 41 South	Firm/Company			
	Inverness, Florida 34450	Address		201	
		2019 JAN -4 2019 JAN -4			
For further information	E-mail address: ( n concerning this matter, please c	to be used for future annual report notiful.	fication)		
Carla Venard		352 726-6767			<sup>L</sup> 100 - ₹
Name	e of Person	Area Code Daytime	e 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)	Certified (	e of 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

FSV Homes, LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number L18000170721	on 7/16/2018 and	assigned
forida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
he new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	2
Enter new mailing address, if applicable:	<del></del>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		1
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3. If amending the registered agent and/or registered office addre	ess on our records, enter the nar	ne of the ne
egistered agent and/or the new registered office address here:		ر <sub>سا</sub> <u></u>
	₹ <sup>17</sup>	<u>ට</u> ස
Name of New Registered Agent:		
New Registered Office Address:		
	ter Florida street address	
	. Florida	
City	Zip Co	ode

## 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

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FSV Community Holding, LLC	PO Box 115	
		La Crosse, WI 54602	_
			Remove
			Change
	Maida Swenson-Fortune	PO Box 115	Change
MGR			<b>■</b> Add
		La Crosse, WI 54602	
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Note:	ive date, if othe ective date is listed. If the date insertent's effective da	ed in this block d	loes not meet ti	ne applicable s	of filing or more tatutory filing r	(opties than 90 days afte equirements, the	ional) r filing.) Pursua is date will not	nt to 605.020 t be listed a:
(b) The	ord specifies 90th day afte			but not an	effective tin	ne, at 12:01	a.m. on the	earlier o
Dated	January 2		20	19				
			1////		4.01	, , ,	111 11	
	Call	D Sil	holf, h	er or authorized	representative of	ak A S	tilhol)	

Page 3 of 3

Filing Fee: \$25.00