L18000211700

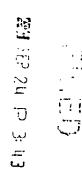
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PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

10: Registration Se Division of Cor				
SUBJECT:(orales Hor	ne Builders ited Liability Company	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	<u>Dulce</u>	M. Rubo Name of Person	· · · · · · · · · · · · · · · · · · ·	M 150 24 D
	<u>-</u>	Firm/Company		
	5442 9th (Address		~
		City/State and Zip Code Code		
For further information c	oncerning this matter, please c		,	
DUICe Name o	1. Rubio	at (<u>239</u>) <u>823</u> Area Code Daytim	- 7507 e Telephone Number	
Enclosed is a check for the	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 Certificate of Certified Co (additional cop	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

Morales Home	Builders L'	L C	
(Name of the Limited Liability (A Florida	Company as it now appears on Limited Liability Company)	our records.)	<u> </u>
The Articles of Organization for this Limited Liability Co Florida document number $\underline{L1800021170}$	ompany were filed on OC	1/05/201	8 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
		<u> </u>	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	nation "LLC" or the a	<u>-</u>
Enter new principal offices address, if applicable:	 -		-0 1: - <u> 83</u>
(Principal office address MUST BE A STREET ADDRI	<u> </u>		
		 	- 97
		•	
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)			
			_
B. If amending the registered agent and/or registered agent and/or the new registered office address.		r records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	street address	
		, Florida _	
	City		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

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>Addres</u>	<u>s</u>				Type of Action
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Entity's Newly Assigned	EM	ploye	5(
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ctive date, if other than the date of filing:		(optiona	1)	
effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory		days after filir	ig.) Pursuai	
ment's effective date on the Department of State's records.	<i>e</i> 1			
ecord specifies a delayed effective date, but not an effect	ive time at	12·01 a m	on the	earlie
e 90th day after the record is filed.	ive ame, ac	12.01 0.111	. 011 6110	Curre
September 21. 2018.				
<u> </u>				

Page 3 of 3

Filing Fee: \$25.00